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An exploration of the impact of perceived inappropriate referrals from clinical placement on the trainee counsellor's professional development

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Dissertation submitted to the University of Chester for the Degree of Master of Arts
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Abstract

The purpose of this research was to explore the experiences of trainee counsellors who had worked with clients during their placement who they perceived to be inappropriately referred for counselling; and to uncover the impact of such experiences on their professional development. The data was gathered using semi-structured interviews with four participants and was subsequently evaluated using Interpretative Phenomenological Analysis. The findings revealed three overarching super-ordinate themes that compressed a number of inter-related personal and professional issues for the developing trainee. Primary themes encapsulate an initially bewildering stance when engaging with clients, and this affected the participant's sense of themselves as therapists and consequently exerted pressure on their clinical practice. However subsequent themes uncovered a procession of growth-enhancing features that gave rise to more secure professional identities and improved capacity to tolerate the ambiguities involved in the practice element of counselling training. The main conclusion drawn from the findings of this sample is that work with clients perceived to be inappropriately referred invokes both negative and positive influences on the trainee's development. Suggestions for further research and implications for training are subsequently discussed.

Declaration

The work is original and has not been submitted previously in support of any qualification or course.

Signed:

Mair Elinor Sides

October 2014

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Abbreviations and Clarifications

TSE Trainee Self-Efficacy

IPA Interpretative Phenomenological Analysis

The terms novice and trainee; counsellor and therapist are used interchangeably throughout.

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Chapter 1

Introduction

This research dissertation gives focus to the impact of perceived inappropriate referrals from clinical placement on the trainee counsellor's professional development.

1.1 Background

The impact of training on counsellors, and their experiences during the formative years reflects a relatively new area of study (Ronnestad & Skovholt, 2003). According to Grafanaki (2010), studies have often relied on quantitative methods to study the acquisition of counselling skills and qualities; often correlating training with therapy outcomes, and often at the exclusion of the trainee's internal perspective. Ronnestad and Ladany (2006) argue that research in this area needs to move towards providing a better understanding of the training process, the factors that are relevant and meaningful to counsellors-in-training, and their impact on the counsellors' overall development.

In particular, Orlinsky & Ronnestad (2005) documented that direct clinical work with clients is consistently endorsed as the most influential factor in therapist development. They argue that case selection for trainees should ensure the best possible match between the student's skill level and the clinical challenges that clients present. Their advice is to avoid assigning clients to students who may be too difficult, and it is a requirement by most counselling trainers that placement providers ensure that trainees receive referrals that are appropriate with regard to their level of experience. Furthermore, trainees are obliged to adhere to the BACP's Ethical

Framework for Good Practice in Counselling & Psychotherapy (2010) which lays out ethical principles and guidelines around limitations of competence.

1.2 Rationale

Despite such requirements, trainees and indeed qualified counsellors become exposed to client referrals that can be deemed inappropriate; and the inspiration for this research arose from my formative training experiences during placement in confronting what I perceived to be inappropriately referred clients whose presenting issues were incompatible to my level of counselling ability. I became aware of the significant impact of such experiences on various aspects of my professional development; including a fluctuating influence on my levels of confidence, self-esteem and emerging therapist identity. In the context of research by Howard et al. (2006), I identified these experiences as significant learning moments, or what they call critical incidents that made a significant impact on my professional growth; and that had a lasting influence on my perception of being a counsellor.

Therefore my decision was to study this scarcely researched topic and explore the experiences of other trainees who had worked with similar clients in their placement, with particular interest in the impact of such experiences on their professional development as a counsellor. This was conducted with a view to raise greater awareness among clinical educators, trainers, supervisors and placement providers of the learning needs of trainee counsellors when gaining clinical experience in placement settings. I also hope to highlight the problems involving referrals to trainees so that improved referral procedures in placement settings can be implemented. I also contend the need for greater integration of the trainee into agency teams to both improve collaboration and promote greater understanding

between professionals to engender realistic expectations about what trainee counsellors can offer in order to provide safe and ethical contact with clients.

1.3 Aims and Research Questions

This small scale qualitative study aimed to explore the trainee counsellor's internal perspective that is often excluded by research (Grafanaki, 2010), by employing a semi-structured interviewing technique to find out about their experiences of when they have worked with clients whom they felt to be inappropriately referred to them by their clinical placement settings. It further aimed to give voice to the factors that are relevant and meaningful to them as trainees, and to uncover the ways in which working with such inappropriate referrals made an impact on their professional development; features of investigative research encouraged by Ronnestad and Ladany (2006). The key research questions asked what is the impact of managing inappropriate referrals from clinical placement on the trainee counsellor's professional development? Did the experiences enhance and/or impede development?

1.4 Overview of the Dissertation Structure

This chapter has set the scene for this study, providing the reasoning for the topic chosen to be investigated and highlighting its potential value. Chapter Two will introduce appropriately sourced research to provide an academic context for the facets instigated by the research questions, and Chapter Three will present a justification for the methodological decisions made in its execution. Chapter Four will provide the results of analysis of generated data, and Chapter Five will discuss these findings within the context of established literature. The dissertation will culminate in Chapter Six with concluding statements and consideration of the implications for training and further research.

Chapter 2

Literature Review

2.1 Introduction

A preliminary review of the literature identified this area of counsellor training as under researched, and in light of my own experiences in early training it is an issue that I considered worthy of investigation. To provide contextual validity the review will orient towards areas of research that are pertinent to the present title (Oliver, 2014); and place the research questions within the parameters of previous enquiry and clinical thinking (Dallos & Vetere, 2005). It will also provide some conjecture for the consequent analysis of findings and discussion (Hart, 2000) which help explain how outcomes can advance understanding and practice within the realm of counselling training.

A central task in undertaking this review as a qualitative researcher was to sensitise me “to potential dimensions of meaning” in the internal experiences of the counsellor trainees interviewed, rather than allowing theory driven notions and speculation to impede making new discoveries (McLeod, 2003, p. 89). This approach coincides with Smith et al.’s (2009) emphasis on the commitment to a degree of open-mindedness and to “bracket off” my own preconceptions about what I might find; and to resist the influence of existing understandings that are hinted at in the literature (p. 42). The decisions involved in selecting the literature for this review were therefore verified by the phenomenological material that emerged from early data analysis.

The literature review was conducted using the scholarly resources provided primarily by the University of Chester’s Learning and Information Service. Books written for

counsellor trainees were used to find information, as well as a methodological search of several databases, journals and websites that utilised search terms based on concepts including trainees, referrals, clients, and development (Appendix 2, p. 60). Constrained by the limited time allocated to complete this dissertation, a relatively extensive search was not able to locate research that focused specifically on the experiences of trainee's working with clients who were deemed to be incompatible to their level of training. Therefore the ensuing review attempts to connect areas of enquiry that are more widely implicated by the research questions.

It begins with an overview of the interest in counsellor training and development and channels its focus on the importance of client work as an imperative feature of learning to be a counsellor. It then explores the issues arising when positioning the trainee within the placement setting, and further debates the virtues of careful selection of clients in the trainee's early journey through counselling practice. Following some consideration of what is meant by an "inappropriate referral", the pivotal role of the supervisor in monitoring the trainee's client work is discussed. With the dearth of literature on the impact of working with inappropriate referrals on the trainee, the review turns its attention to research examining the experiences arising from the trainee's work with clients per se, and uses it as a backdrop to help understand the impact of work with inappropriate referrals on aspects of development perceived to be important to the trainee.

2.2 The Development of the Counselling Trainee

Several writers have produced comprehensive models (e.g. Stoltenberg & Delworth, 1987; Ronnestad & Skovholt, 2003) which illuminate the gradual process of trainee growth across developmental stages. Ronnestad & Skovholt's (2003) work refers to the 'beginning student phase' (p. 11) where several aspects of counsellor training

combine to impact and occasionally overwhelm the trainee. Of the many challenges faced by trainees at this stage, the ability to bridge the gap between theory and practice in work with real clients is a crucial task to be accomplished. Students normatively question their suitability and capacity to do the work, and the authors report that inexperienced therapists often feel client sessions to be highly challenging.

Complementing developmental theories is empirical research that has positioned itself within the formative experiences of counsellor training in an attempt to identify positive or negative aspects that impact the trainee (Grafanaki, 2010). Hill, Sullivan, Knox & Schlosser (2007) assign great importance to such research since “initial training experiences likely provide the foundation for subsequent learning” (p. 434), and there are studies that highlight some of the important difficulties that trainees raise when describing their seminal experiences. For example, Theriault et al. (2009) report that feelings of incompetence are a central feature in the novice’s professional identity and result from subjective evaluations of their performance as practitioners. Skovholt & Ronnestad (2003) draw on empirical and conceptual literature and identify the ambiguity of professional work to be one major catalyst for novice stress. The complex interaction between cognitive and affective elements related to clinical performance raises difficulties for trainees in regulating and processing their experiences with clients. However other findings (Pica, 1998) show that such experiences help foster the development of critical thinking skills and confidence in clinical decision making.

Other research in this area has adopted a critical incident approach to identify experiences that trainees perceive as significant learning moments or turning points as influences on their development (Cormier, 1988; Morrisette, 1996; Fur & Carroll,

2003; Howard et al., 2006). These studies reveal many categories, some of which pertain to trainees wrestling with self-efficacy based issues and identifying with their professional role; while others relate to a critical awareness of the clinical context, the value of supervision and the highly significant task of client contact.

For Dryden et al. (1995), client work is the *sine qua non* of professional counsellor training, and Ronnestad & Skovholt (2003) report that meeting clients for the first time can be a critical incident for the student, and one which symbolises a “major crucible for the development of the practitioner’s clinical identity” (Duryee et al., 1996, p. 666). Furthermore Orlinsky et al. (2001; 2005) report the consistently endorsed impact of client work, finding that no other category matched its importance as a source of influence on the trainee’s professional development.

2.3 The Clinical Placement

The clinical placement provides opportunities for trainees to practice their skills with real clients (Min, 2012); and trainees are ready to embark on placement when they have developed a working knowledge of the core theoretical model that will underpin their practice (Dryden et al., 1995). As well as being able to offer clients a minimum level of ‘facilitative functioning’ (Carkhuff, 1969), Ramsey (1962) argues that the counsellor is expected to have developed sufficient skills to enable a preliminary appraisal of the client’s issue and recognise signs that may be indicative of an onward referral. This decision involves an evaluation of “professional training, experience, skills, knowledge, areas of specialisation, and command of services” (p. 444) in order to meet the needs of the client; however the aptitude of the inexperienced novice to make such judgements remains unclear.

Kahr (2011) endorses the importance of the clinical placement as forming the cornerstone of professional counsellor training that prepares for independent practice. He argues that when trainees are well supported the placement becomes “the vital vertebral spine of the training experience” (p. 246). The support that he alludes to becomes imperative for the trainee who is highly motivated but concurrently somewhat green and inexperienced in client work. Duryee et al. (1996) believe that these conditions constitute a recipe for the trainee to feel inept and insecure about being adequate or competent when they are in situations where they don’t know how to proceed.

Dryden et al. (1995) agree that a well-managed placement is vital for support and can be “instrumental to the development of the student’s confidence as a counsellor and their emerging professional identity” (p. 112). They write that the success of a training placement depends in part on the quality of the three-way agreement made between the course, the student and the placement agency relating to many issues including the type of clients which the student should or should not work with. They point out that unless this agreement has clarity, “there is a danger that unspoken expectations will not be met” creating a “breeding ground for dissatisfaction and resentment” (p. 110).

Cautious of the shortcomings inherent in some placements, Pitts (1992) contends a combination of two sources of problems in creating challenges for trainees. Cited by Min (2012, p. 2015), Type 1 problems relate to individual failures to perform as reasonably expected and may be attributed to lack of information, lack of resources or unresolved personal issues; and Type 2 problems may result from a failure of some aspect of the system. Herrick (2007) writes about the culture of increasing numbers of students pursuing sparse placements with the tyranny of getting their

hours, and this presents another challenge to the integrity of the placement experience. Tribe (2005) reported that trainees feel lucky to have been given a placement, and believes that this further complicates circumstances for the trainee when faced with difficulties. Since placements are in considerable demand, Coate (2010) understands that trainees are tempted to forego checking the placement's appropriateness to their circumstances, and points out how this can "undermine the effectiveness and enjoyment" of the placement experience and for some the placement can become an "unsafe experience for both trainees and clients" (p. 1).

2.4 Case Selection for Counselling Trainees

Carroll (1993) acknowledges that trainees must start somewhere and urges careful monitoring of early client experience to avoid harming the client and leaving the trainee demoralised. His view is that trainees should initially only see carefully selected clients who reflect the experience of the trainee, and this is based on the premise that gradual exposure to complex difficulties complements the trainee's systematic movement through developmental stages (Ronnestad & Skovholt, 2003). Also since client issues range in levels of difficulty, it seems conspicuous that some issues will require different levels of counsellor experience to manage them ethically and effectively.

Coate (2010) desires a pre-assessment process to select suitable clients to work with trainees, and Herrick's (2007) guidelines deem it inappropriate for students to be placed where there is no qualified counsellor or equivalent person to assess and filter possible referrals. Orlinsky & Ronnestad (2005) agree with Carroll (1993) and believe that case selection for beginning counsellors "should ensure the best possible match between the students' skill levels and clinical challenges that patients present" (p. 182). Given the trainee's propensity for 'stressful involvement' (p. 182) with clients,

they suggest that it is best to avoid assigning trainees to clients who may be too difficult for their current skill level. Coate (2010) augments this view within guiding ethical principles (BACP, 2010) that govern the safety of both clients and trainees in clinical work.

From a supervisory stance Dunkley (2007) declares how trainees have to “hit the ground running” (p. 41) when beginning placement, and she implements a traffic light coding system which communicates levels of client difficulty to provide a graded experience that supports the trainees’ need to gradually acquire their competence. This type of pacing limits the number of clients they see and through assessment or allocation meetings, the client referral is matched to the trainee’s level of competence. A red referral would typically involve high levels of risk in the client’s behaviour regarded as unsuitable for the absolute beginner; while amber referrals involve features that make the case complicated and may point towards the need for more specialist help. Green referrals are those where the counsellor would have gained sufficient knowledge and skill from their training course to be able to work with relative ease. The implementation of such referral criteria helps protect therapists from being over-burdened with referrals that are inappropriate (Haworth & Gallagher, 2005). If these views are to be taken then there is no reason for the trainee to be placed in a situation where they are trying to work with clients who are beyond their capabilities.

Yet contrary to this notion of providing early protection, there are some who argue “that it does no harm to beginners to ‘throw them in the deep end’ and allow them to see whatever clients ‘come through the door’” (Carroll, 1993, p. 57). However in light of preceding arguments and strategies that advocate careful screening of trainee referrals, this approach potentially leaves the novice in a precarious position when

encountering issues that are best dealt with by more experienced or specialist therapists. Indeed research by Tribe (2005) found that a number of trainees reported inappropriate referrals as an issue important to their professional and ethical practice; and among the themes uncovered trainees cited being asked to work at the edge of their professional competence as well as working with complex client issues. Furthermore, Izzard (2001) interviewed supervisors who spoke of placements providing inappropriate clients to trainees, where the client group was 'very disordered' or 'extremely disturbed' and were not even deemed suitable for an experienced counsellor (p. 88).

Given that actual work with clients is central to the trainee's developmental process and cited as the main driver for change (Folkes-Skinner et al., 2010), De Stefano et al., (2012) report that trainees will inevitably find themselves working with difficult or challenging clients who test the limits of their knowledge and competence.

2.5 The Concept of the "Inappropriate Referral"

Although the notion of trainee's encountering inappropriately referred clients appears in the aforementioned literature (e.g. Izzard, 2001; Tribe, 2005; Haworth & Gallagher, 2005), I was curious that a search of available scholastic resources did not find an operational definition of an inappropriate counselling referral; nor did it find research exploring the impact of working with inappropriately referred clients on the trainee's learning and development. One reason for this could be linked to the differing ways that inappropriate referrals are perceived, making it difficult to pinpoint a description. Min (2009, 2012) usefully reminds us that trainee perceptions are significant psychological features in the development that they experience, pointing out that trainees are unique and that perception is very subjective; therefore the experiences they portray would be different from one to another. Although this does not provide a

reason why cases of “inappropriate referrals” are not detailed in the literature, it does provide me with an opportunity to find out more about trainee’s perspectives on the subject and the related perceived impact that such referrals may have as they advance through clinical placement. Guided by the remarks of Carroll (1993), Orlinsky & Ronnestad (2005) and Dunkley (2007), it can be surmised that an inappropriate referral involves working with a client whose clinical challenges are perceived to be mismatched to the experience, skill level and competence of the trainee.

2.6 Supervisory Issues

Given the reality of the potential for inappropriate referrals in the trainee’s practical work, Dryden et al. (1995) argue that trainees should invest more in supervision to provide the extra support needed when work with clients proves too challenging. Bernard & Goodyear (2009) argue that supervision should enable a discussion of self-efficacy in such instances since an important goal of professional training is developing one’s confidence with clients. Supervisors can help normalise feelings of incompetence and assist the trainee in attempting to tolerate the many ambiguities in the world of counselling training. Furthermore, Duryee et al. (1996) believe that good supervision helps the trainee to locate the courage and wherewithal to approach challenges on their own terms.

However the complexity of such concerns raises issues for the supervisor, and Izzard (2001) reports that supervisors experience tension when faced with trainees who find themselves out of their depth and stretched beyond their level of competence. She adds that supervisors who were interviewed reported clinical placements as the most troublesome area in their work with trainees, finding that placements were regarded as inappropriate and described as having loose boundaries. Herrick (2007) adds her

concern that placements may not be offering their trainees the necessary support, making unfair demands on them or not understanding their needs.

Furthermore for supervisors to be able to help trainees with their dilemmas about working with complex clients and help promote their competence, they must disclose their difficulties within supervision (Mehr et al., 2010). Duryee et al. (1996) wrote that revealing self-doubts to the supervisor can sometimes be problematic for trainees as the supervisor's status ostensibly denotes superiority and this can heighten "the potential for the trainee's shame and self-doubt" (p. 665). However other research indicates that the supervisory relationship has a facilitative influence on trainee disclosure of clinical issues, particularly when the relationship is bonded by rapport (Webb & Wheeler, 1998).

2.7 Impact of Client Work on the Counselling Trainee

Given the prudence with which inappropriate referrals are assigned by supervisors and other writers, it seems perplexing that there is a deficiency of research looking at the specific impact of inappropriate referrals on the trainee. Therefore the remaining studies in this review centre on the impact of early client experiences on the novice, and were selected as the milieu to help understand how trainees who encounter perceived inappropriate referrals are influenced. For example Hill, Sullivan, Knox & Schlosser (2007) noticed that all the trainees in their study felt quite anxious about beginning to see clients and worried about knowing what to do in sessions. They also noted self-criticism directed at therapeutic abilities and clinical skills, and found feelings of incompetence and impatience. Trainees also expressed dismay when their client's behaviour did not conform to their expectations, and they felt anxious when met with a psychologically sophisticated client. More pertinently, they reported that trainees experienced difficulties when clients seemed very disturbed or fragile

and needed more than the trainee could offer. This latter finding seems to point towards encounters with inappropriately referred clients, and although Hill et al.'s article does not describe the nature of the difficulties experienced, they do report the trainee's need for control and predictability and their wish to be assigned "easy" or "safe" clients (p. 444).

Folkes-Skinner et al. (2010) also report the stressful nature of counsellor training and found significant shifts in identity, self-knowledge and confidence in their participant that were attributed to working with real clients. They reasoned that work with easier clients provides positive initial experiences of client work, giving trainees a chance to develop the confidence and professional identity that could facilitate them later when clients become more challenging. This claim supports the notion that early positive experiences can enhance professional growth, but does not consider the impact of early work with more difficult clients on the trainee's identity and confidence.

Research focusing on confidence as a central feature of professional development (Skovholt & Ronnestad, 1992a, 1992b; Bischoff, 1997; Bischoff & Barton, 2002; Bischoff et al., 2002; De Stefano et al., 2007) found that experiences with clients result in the most volatility in confidence and fluctuating levels of self-esteem; and the early growth in confidence that Folkes-Skinner et al. (2010) allude to can quickly evaporate when faced with a difficult client. This seems to indicate the fragility of confidence in client work which becomes particularly vulnerable when the trainee meets clients who are too challenging for them. Bischoff et al. (2002) explain that this may be due to the newness of providing therapy and because trainees lack the internalised experiences on which to evaluate new ones; arguing that ongoing clinical experience can broaden the trainee's limited reservoir of knowledge and promote the process of internalisation to help to stabilise vacillations in confidence. Although

these studies do not describe the nature of the complexity of client work, their findings seem to suggest that trainee confidence is in a delicate state when encountering clients in the early stages of training; and while they propose that confidence requires development through consequent experience, they do not specify the type of client experiences that help to strengthen a healthy sense of clinical confidence. However in their discussion they do suggest that trainers have the ability to “at least indirectly control the type of clinical contact received by beginning clinicians” (p. 380) which seems to confirm the importance of client features in influencing the development of trainee confidence.

Related to the study of self-confidence is the concept of trainee self-efficacy (TSE) (Lent et al., 2009) which refers to the trainee’s beliefs about their ability to perform the tasks inherent in the counselling role; including the negotiation of challenging client scenarios. Larson (1998) implicates TSE beliefs in the trainee’s clinical functioning when in session with clients, and Lent et al. (2009) found them to interact with affective, cognitive and behavioural responses. They observed feelings of nervousness and worry, perceptions about the session process and ease or difficulty of the work, and a critical appraisal of behavioural and cognitive strategies in the trainee’s performance. In another study, Min (2012) revealed stories that indicate that the strategies adopted by trainees contributed to their efficacy; and these involved acceptance of tasks and roles, being open to new experiences, and holding realistic perceptions of the goals and limitations experienced in their environment. It was conceded that the “struggles, challenging experiences, and unhappy feelings are part of the experience during learning towards becoming a counsellor” (p. 2019), but also that these processes are part of a meaningful journey to make sense of and believe in one’s own ability. However valuable it is to explore trainee’s perspectives and find novel sources of influence on their confidence and self-efficacy, the use of discovery-

orientated and qualitative methodology cannot reveal cause and effect relations; although the findings can suggest causal relations and direct attention to methods designed to test hypotheses.

One study considered more directly related to this topic is one that has examined the experiences of trainee counsellors working with a specific type of challenging clientele (De Stefano et al., 2012). They interviewed trainees working with clients presenting with non-suicidal self-injury to highlight “issues that are potentially inherent to beginners who are working with challenging cases” in the more general practice of counselling (p. 300). Their analysis reported the multiple efforts that their trainees engaged with to deal with the personal struggles and tasks involved in working with this particular client group. Tasks such as managing their emotional reactivity, resolving ethical issues and deciding on clinical strategies heightened their feelings of uncertainty and stirred up feelings of incompetence, but also focused their intentions in their work and led to significant learning. However despite their experiences imparting new clinical lessons, the authors reported an overall uncertainty and many unanswered questions pertaining to the trainee’s sense of themselves as clinicians. Yet where incompetence was openly acknowledged it was complemented by vigilance, self-monitoring and a reflexivity that the authors regard as hallmarks of good practice. Although not referring to inappropriate referrals as such, De Stefano et al. (2012) claim that any of a number of difficult issues or client populations may have produced a very similar pattern of findings.

2.8 Conclusion

This review has summarised relevant literature pertaining to the developmental journey of the counselling trainee with particular interest in the experiences that emanate from working with clients in clinical placement, and the impact of these on

various aspects of their learning and development. The general sense imparted by the literature has stressed the importance of gradual exposure to more complex clients as a form of good practice, and which contributes to trainee's confidence and sense of self-efficacy. However, there is a paucity of information regarding how the trainee is affected when this posture is not adopted, and the resultant impact of working with perceived inappropriately referred clients during placement on the trainee's development has thereby remained unquestioned.

Chapter 3

Methodology

3.1 Philosophical Underpinning and Research Design

The design of this research inquiry was based on the premise that a form of 'human science' as opposed to 'natural science' (McLeod, 2013, p. 47) is a more appropriate approach to understanding the meaning of people's socially constructed and culturally embedded ways of seeing the world. Drawing upon philosophical traditions of enquiry such as phenomenology and hermeneutics, this study was concerned with understanding the meaning of counsellor training events occurring within each participant's real world placement experience (Patton, 1991). Its mode of investigation was through the collection of data for exploratory and descriptive means that allowed me to "tap into the perspectives and interpretations of participants" and to generate "novel insights and new understandings" about the topic under study (Willig, 2008, p. 158).

This approach contrasts with the concerns of the quantitative tradition whose philosophical ethos regards knowledge as unitary and employs standardised scientific procedures which reduce participant's experiences to comparable parts that are quantified and analysed statistically (McLeod, 2013). Since the evocative nature of textual data is not easily amenable to quantification, it was considered inappropriate to employ such an approach to study the construction of the meaning of the phenomena in this study. Furthermore, while quantitative methods of analysis tend to reject anomalies in the data, the idiographic emphasis adopted here favoured the uniqueness of the participant's narratives and valued their idiosyncratic content to

help inform and provide me with a more complete understanding of the training experiences they described (Willig, 2008).

Quantitative methods are therefore shown to have their basis in a positivist position synonymous with science and objective inquiry; and their primary goals set out to provide measurable variables that aim to test hypotheses with statistical methods in order to find verifiable truths and make nomothetic generalisations (Maykut & Morehouse, 1994). Contrary to this, the qualitative approach employed was not concerned with prediction or control over variables, but rather aimed to enter the world of the participant to experience some of the essence of its quality and texture; a process described by Husserl (1960) as 'eidetic seeing' (in McLeod, 2001, p. 38).

For phenomenologists this would involve my engagement with the practice of 'epoche' whereby I would be required to become aware of and attempt to remove any prejudices and assumptions regarding the subject under study that may obscure my vision of the 'essence' of each participant's story (Katz, 1987, in Maykut & Morehouse, 1994, p. 123). However for Heidegger (1962) this act of 'bracketing off' one's 'natural attitude' (McLeod, 2001, p. 59) is counterproductive in qualitative enquiry because researchers systematically attempt to find new ways of understanding participant's experiences, and it is this that represents the interpretative framework to acquire authentic knowledge. For this reason, McLeod (2013) argues that "the 'essence' of the phenomenon can never be grasped" (p. 120) and advocates using 'imaginative variation' to help the researcher to disrupt their 'natural attitude' in order to produce a 'thick' description (Geertz, 1973) of the lived experiences of the sample under study.

A balance would therefore need to be achieved within an indwelling posture (Maykut & Morehouse, 1994) that involves concurrently tuning-in to understanding the

experiences and meaning systems of the participants as they unfold. Through this critically reflexive process I was able to gain access to new meanings in the narratives by seeing patterns, clues and shapes as emerging from the data; as if appearing “in the shadows” (Maykut & Morehouse, 1994, p. 33).

3.2 Sampling and Recruitment

Sampling decisions arose from the qualitative principles providing the framework for this study (Silverman, 2010), and since sample sizes are relatively small in qualitative research an exploratory sample (Denscombe, 2010) of four participants was obtained by purposive sampling; a form of non-probability sampling that contrasts with random sampling from larger populations that quantitative research demands in order to make generalisations.

I carefully selected counsellor trainees in associated placement settings who would represent the relevant perspective on the phenomenon being studied (Smith et al., 2009). The sample was homogenous (Dallos & Vetere, 2005) in that participants were chosen using inclusion criteria (see Appendix 12, p. 72-73 for rationale) based on their training status, clinical experience and their encounters with perceived inappropriate referrals. Furthermore as a safeguard, participants would be in supervision and have access to personal counselling if required. To avoid bias, trainee counsellors who were known to me personally (from placement, university, personal counselling or supervision) would be excluded from involvement in the study.

Recruiting participants involved placing research notices with the BACP and Therapy Today.net research notice boards (Appendix 4, p. 62-63). Furthermore, twelve training providers were contacted by e-mail (Appendix 3, p. 61), and permission sought for the advert (Appendix 5, p. 63) to be displayed on appropriate notice

boards and for trainee counsellors on placement to be sent details of the research. Nine training providers were based in an educational establishment such as a university or college; one was a standalone training provider for counselling and psychotherapy, and two were therapy centres that offer counselling training and counselling placements to trainees.

Response to the advertisements was small and from the five people who expressed interest and requested further details, two were willing to be interviewed. One in response to the advert on Therapy Today.net and the other to the advert placed with a university training provider. As design flexibility is a distinguishing feature of qualitative research (Flick, 2014), there was scope for obtaining sample members through the snowball technique whereby required participants emerged through a process of reference or nomination from one relevant person to the next (Denscombe, 2010). Two sample members were obtained in this way; one via a contact of a colleague on my course and the other being recommended from a supervision group attended by a previously interviewed participant. Once participants had expressed a willingness to be interviewed, an email was sent (Appendix 6, p. 63) with a copy of the research information sheet (Appendix 7, p. 64-65) and pre-interview questionnaire (Appendix 8, p. 66) to ascertain eligibility to be interviewed. Prior to the interview, participants were sent the interview questions (Appendix 10, p. 69) for perusal and preparation; and consent forms (Appendix 9, p. 67-68) were administered at the beginning of the interview.

Due to pragmatic difficulties such as those described by Barker et al. (1994), time constraints, slow recruitment and restrictive inclusion criteria meant that the flexible nature of the design was further utilised to widen the requirements to participate (Appendix 12, p. 72-73). All four participants were white, female; aged ranged from

between 31 to over 61, and had trained in the person-centred modality of therapy. All had accumulated over 60 hours of clinical practice and had worked with over 15 clients. Two participants worked within a National Health Service based placement setting, one in a placement positioned within a college for further and higher education, and one placement within a rehabilitation facility for problematic drug and alcohol use.

3.3 Data Collection

As the research aimed to explore how participants perceived and made sense of their training experiences, a flexible data collection method was needed whereby myself and participants were able to engage in a dialogue that could be guided by interview questions but were also permitted to probe and develop appropriate areas of interest that arose (Smith & Osborn, 2008). Therefore consistent with the aims and focus of qualitative inquiry, data was collected through audio-taping and later transcribing participant's verbal responses through semi-structured interviewing.

One-to-one interviews were conducted around an hour long period, and were assisted by an interview schedule (Appendix 11, p. 70-71) that consisted of a broad framework of open-ended questions derived inductively from my knowledge and experience of the research focus, and from a preliminary literature review on trainee experiences. Interview questions were organised with the intention to draw out different aspects of the participant's training experience, and included questions that resemble Patton's (1990) typology that differentiate by content and time frame. The interview began with an introductory descriptive question to set the scene for subsequent exploration and to facilitate a comfortable interaction with the participant. Ensuing questions were designed to elicit feelings and senses about their past training experiences; and opinion and value questions were intended to tap into

beliefs about the participant's development as a therapist and what advice they could offer novice counsellors embarking on their first placements. The risk of these pre-determined questions biasing later analysis of themes was mitigated by the use of spontaneous queries within the interview protocol.

3.4 Data Analysis

Once transcripts were checked for accuracy, data was analysed by the inductive method of Interpretative Phenomenological Analysis (IPA); chosen because of its constructivist stance which holds that "meaning is generated through interpretative processes" (Dallos & Vetere, 2005, p. 58), and because this study wished to explore and understand the meanings behind the participant's lived experience of an event/s that occurred during their placement.

In accordance with its theoretical commitment, the IPA was organised around semi-structured interviews to produce transcriptions that were subjected to immersion in the data, and a detailed analysis to elicit key experiential themes as opposed to imposing predetermined categories. Another reason why IPA was applied is because the research questions are concerned with the emergence of themes that are common to the developmental processes of the participants (Smith et al., 2009). No attempt was made to test a hypothesis, therefore exploratory research questions were fashioned to address an in-depth exploration about perceptions and understandings of the area of concern, and to carry the salient features of each participant's experience.

I conducted the IPA in line with a series of steps that began with immersing myself intuitively and empathically in the reading and re-reading of each transcript. This facilitated the aforementioned practice of indwelling to enable the participant to be the primary focus of the task. Arranging the transcript into columns, a close line-by-

line analysis was accompanied by handwritten annotations made in the right hand margin. Each participant's claims, concerns and understandings were considered and different colours were used to separate the 'linguistic', 'descriptive' and 'conceptual' aspects of the content (Smith et al. 2009, p. 84). My next task was to simultaneously attempt to retain the psychological complexity of the data but also reduce its volume by noting emerging themes in the left hand column (Appendix 13, p. 74). Here the initial annotations were transformed into concise phrases intended to capture the essence of what the participant had said (Smith & Osborn, 2008). Once the emergent themes (Appendix 14, p. 75-76) for the transcript were identified, they were typed up, printed out and cut up so that a table could be used to explore spatial representations of how themes were connected (Appendix 15, p. 77-79). I used a process of 'abstraction' (Smith et al. 2009, p. 96) to cluster themes by similitude to help develop super-ordinate theme titles which were then tabulated and supported by participant excerpts (Appendix 16, p. 80-86). This process was repeated for each remaining transcript before looking for patterns across the group of participants as a whole. This again involved using suitable space to find connections between colour-coded super-ordinate themes derived from each participant (Appendix 17, p. 87) to eventually produce a set of overarching super-ordinate themes which were tabularised with their antecedent sub-themes (Appendix 18, p. 88-91). IPA therefore used interpretative activity to aid my understanding of the participant's points of view by developing and comparing themes across groups of data, and consequently connecting them to existing literature (Dallos & Vetere, 2005).

3.5 Ethical Considerations

Ethical research practice proved a vigorous process involving commitment to criteria espoused by professional bodies as well as sustaining an ethic of trustworthiness

and integrity through personal reflection and review. Maintaining a commitment to openness and accountability, I endeavoured to protect both participants and myself as researcher from any harm or loss, and aimed to preserve psychological well-being throughout.

Guillemin and Gillam (2004) distinguish between 'procedural ethics' and 'ethics in practice' to ensure and maintain ethical standards. Procedural ethics involved compliance with guidelines laid out by the University's Research Governance, and with the ethical principles accentuated by the BACP's Ethical Guidelines for Researching Counselling and Psychotherapy (Bond, 2004). Furthermore, the University's Social Studies and Counselling Ethics Committee convened to scrutinise the research for ethical soundness before sanctioning formal ethical approval to conduct it. By contrast, ethics in practice refers to the ethical mindfulness that permeated each step of the research process from formulating the initial research question to the dissemination of findings; the monitoring of which was supported by a departmental supervisor.

One key ethical consideration arising from the core principle of autonomy was that of gaining informed consent. Elliott & Williams (2001) ask how consent can be realistically obtained for what is essentially a process in action. Indeed the use of semi-structured interviews has the potential for unprepared and possibly painful probes, therefore Munhall (1988) proposed process consenting to allow consent to be an ongoing discourse between researcher and participant. Consequently, an integral process consent procedure allowed 'consent negotiation-and-decision-points' (McLeod, 2001, p. 198) to be employed at key stages. Participants were fully informed about all aspects of the research in an information sheet before data collection took place, and participants were shown the interview questions prior to the

interview. The issue of consent was revisited within the interview when participants were required to read and sign two consent forms in order to formally and voluntarily opt-in to the study, and were later consulted about their wish to continue participation both at the end of the interview and at the point of reading the transcript.

Confidentiality was protected by a number of strategies intended to disconnect the identity of the participant from her data. Anonymity was achieved through using pseudonyms with access to real identities being stored separately and securely. Participants were assured that data extracts chosen for any public-domain document would be further edited for anonymity, and that they would be given the option to review such material. A time-limited right to withdraw was combined with an opportunity to review the transcript for accuracy which allowed participants to withdraw any comments that may jeopardise their anonymity or that of persons or places discussed during the interview.

3.6 Validity and Trustworthiness

Providing evidence for methodological rigour in qualitative research uses differing terminology to that used in empirical research. Willig (2008) reports that there is some disagreement about the extent to which the concept of reliability is to be of concern to the qualitative researcher; and Mintz (2010) regards the concept of validity as customarily used by the positivist approach. Consequently the issue of qualitative validity is sometimes referred to in terms of the trustworthiness (or believability) of the researcher's design and findings (Lincoln and Guba, 1985). Of the many attempts to construct guidelines for evaluating the trustworthiness of qualitative research (Elliott, Fischer and Rennie, 1999), this study used approaches that primarily relied on the involvement of research participants and transparent processes of data collection and data analysis.

One provision adopted to promote trustworthiness in this study was through using member checks for factual precision of the transcript. Participants were invited to check their transcript and the promise of authenticity was made by their agreement with the contents of their statements. Another way was to build an audit trail showing how the process of analysis moved from deriving themes from the raw data to the later drawing of conclusions, and for Elliott et al. (1999) the use of excerpts helps to develop “understandings that allows the reader to examine the fit between the data and the authors’ interpretation” (in Dallos & Vetere, 2005, p. 202).

Self-reflexivity also ensured that the entire research process was scrutinised and that I maintained continuous bias vigilance (Wolcott, 1990). A reflexive account (Appendix 1, p. 57-59) aims to describe the ‘internal processes’ (Stiles, 1993) associated with conducting the research to highlight my role in a clear and transparent way. Moreover for McLeod (2011), the quality of collected data is frequently influenced by the level of ethical trust that exists between researcher and participant. Therefore informed consent procedures explained the methods that were to be employed to ensure confidentiality and can be seen both as a demonstration of good practice and a contributor to my trustworthiness as a researcher.

3.7 Limitations

One limitation of the study is that it worked within a limited time-frame and with a restrictive sample that was small in size, selected by criteria and all female; and does not therefore permit me to reduce, predict or extrapolate findings to the wider population of counsellor trainees in other placements. Furthermore, trainees who perceived their experiences to be unusual or particularly negative may have felt compelled to participate, and so their views may not fully reflect or represent the experiences of a typical novice.

The reporting of experiences described by the participants may be limited because the use of the interview schedule may have impeded the emergence of other important matters. Furthermore, although trained in the use of interview methods as part of developing a therapeutic relationship, I am not proficient in the collection of data for research purposes and this may have influenced the richness of the material obtained. It is also possible that despite being reassured of anonymity by informed consent procedures the trainees may have deliberately withheld reporting some experiences if they feared that disclosure led to negative consequences.

The data collected transpired to be capacious and although the aim of qualitative data collection is to generate an accurate and comprehensive record of participant's words, I was mindful of my newcomer approach to IPA and hoped to produce a sufficiently penetrating analysis. I was further cautious about the way in which the data was analysed because of the danger of my understandings being filtered through my own 'perceptual lense' (Dallos & Vetere, 2005, p. 205). This challenge reflects what McLeod (2001, p.146) calls the "crisis of representation...." and although there is a possibility of misunderstanding or bias in the interpretation of the data, I tried to exercise due care to do justice to the voices of the participants and worked so that meaning units were not minimised, reduced or lost.

As a novice qualitative researcher, I recognised myself as integral to the whole research process but fully appreciate that researcher objectivity is more of an ideal than a reality and that alternative views about the collected data are possible. The lack of conceptual homogeneity in defining inappropriate referrals further complicates this and adds to the need to negotiate meanings derived from the data.

Chapter 4

Findings

The table below represents the occurrence of three overarching super-ordinate themes across the data, and includes sub-themes that aim to encapsulate the potency of the experiences described by the sample of participants. The themes are presented in a stream-like fashion to reflect the developmental process by which participant's have moved through their experiences; and which seem to have been influenced by the presence of a perceived inappropriate referral in their initial work with clients.

Table 1: Master Table of Themes and Sub-Themes for the Group

Super-ordinate theme	Sub-themes
1 The Impact of Early Experiences on the Inner World of the Trainee	The invasion of self-consciousness a) Stirring feelings of disquiet b) Enduring an inimical residue c) Confronting the self d) The humble posture of the trainee
2 The Impact on Practice	Getting to grips with being a trainee a) Grappling with the model b) Seeking help - the quest for balance and resolve
3 The Emerging Professional self	Coming through to the other side a) The trainee in process - becoming b) Positioning the self as a therapist c) Disenchantment with the agency

Constraints on time and capacity meant that some valuable data were inevitably omitted from the final analysis; therefore ensuing quotes were selected on the basis of their strength of impression and pertinence to the research questions. Their range aims to represent a balanced perspective of the whole sample but also retain the uniqueness of each individual's experience. For some themes there is a variance in the richness and depth of meanings produced; indicating that some aspects of experience carried more emphasis for some participants than others. Quotes are anonymised by pseudonym, cited by transcript page and line number, and edited for clarity. Appendix 18 (p. 88-91) provides a more complete audit of participant responses.

Liz describes the troubling impact of the circumstances surrounding her work with her first client, and explains how she was incited to promote remedial steps to protect other trainees from potentially damaging early experiences.

Gill's story highlights her difficult quest to find value from her placement experiences, and she describes her early journey as synonymous with learning to swim. She reveals how her negative first experiences eventually spurred her confidence and personal enterprise as a therapist.

Mel's narrative portrays her initial difficulties associated with being a trainee in placement, and uncovers how her professional antenna sharpened alongside making huge personal strides in trusting herself.

Abi gives an introspective account of the ways in which her early placement experiences affected her self-confidence and professional identity. She unveils how this rippled out into other areas of her life before finding stability and a greater belief in the value of herself as a therapist.

1. The Impact of Early Experiences on the Inner World of the Trainee

The invasion of self-consciousness

When asked to describe how they felt about working with a client who they perceived to be inappropriately referred, all participants experienced an acute phase of self-awareness; a pre-occupation with ones inner state that ignited a journey of self-questioning and discovery about what it means to be a counsellor training in a placement setting.

1a Stirring feelings of disquiet

All participants were alerted to the notion that perhaps the client had not been appropriately referred to them; however their perceptions of inappropriateness differed. For example Liz viewed the client as inappropriate in terms of complexity:

I'm out of my depth with this person and I think actually she needs probably more support and help than some short-term intervention with a trainee counsellor. (Liz: 4.146)

Two others perceived inappropriateness by regarding their clients as unwilling or unable to engage in counselling:

There was very little willingness to sort of go into his feelings at all. (Gill: 4.122) My feelings now are that perhaps he shouldn't have come onto my [or] anybody's books really. (Gill: 4.132)

...it became apparent as you were working with this client that possibly because of the medication they were on, I would never really have been able to engage at a deep level... (Mel: 3.103)

Abi perceived inappropriateness in terms of lack of referral structure and how her referrers viewed the trainee counsellor's role:

...because at times it can kind of feel like you're being used as a free pastoral mentor; it's not always necessarily going to be counselling work that's coming through. (Abi: 3.86)

Being moved by incongruous feelings about the client's suitability, all participants experienced unsettling sensations in-session. For three participants these feelings of unease escalated with the emerging complexity of the client's issues; for example:

...and the first few sessions were fine, but what started to come out was more complex... (Liz: 3.101). I became more aware of how I was feeling which were little bells were ringing thinking, ooo gosh she's coming out with some stuff that I'm not really sure about... (Liz: 12.464)

For another a tone of risk was perceived which culminated in a strong sense of caution and desire to make something happen:

I guess there is serious potential in what she's talking about; and right big risks involved in the stuff that she was presenting with and the way she was. (Abi: 18.743)

I suppose [it] just sort of made me a bit... panicky maybe the right word; almost like there was a sense of urgency in the room like, oh you need to do something. (Abi: 16.648)

Other immediate feelings were experienced as more personal as Liz described feeling beleaguered by a difficult client:

...and it was quite hurtful, some of it, I think she was wanting to be quite destructive. So I felt some of what she was saying to me was almost like a personal attack, not quite that, but there was definitely I'm having a pop at you. (Liz: 20.787)

1b Enduring an inimical residue

Following their initial encounters with clients, all participants were left with difficult lingering feelings of inadequacy that affected their self-confidence:

I do recall it really sort of affecting my sort of confidence at that point. (Mel: 9.323) ...and that's what was really left with me, a sense of why is it that I'm not able to really get a sense of what's going on for this client? (Mel: 9.337)

For Abi, this sense of uncertainty trickled into other areas of her life:

...it didn't just stick with training to be a counsellor or me being at work, it was like everything, I just feel like I lost all confidence... (Abi: 32.1300)

My sense at this point of analysis is that the participants felt hindered by their disturbance, and Mel became aware of her threshold for working with her client:

There was a limit to the amount of work I could be doing. So I found that quite difficult. (Mel: 5.173)

Gill felt purposely tested:

And there were times when I thought do they deliberately do this so that you either sink or you swim... (Gill: 15.571)

Others were left perplexed by a paradoxical sense of knowing but not really knowing, for example:

I guess I learnt quite a lot from just having sort of not done anything wildly wrong, but not necessarily knowing how. I think it was just knowing how much I needed, how much I could do and how much I couldn't do. (Gill: 12.460)

An acute sense of responsibility for the confusion left Abi feeling indebted to her client:

I felt like I owed her something almost, like I needed to kind of stick with it as if I could do something for her or make something happen... (Abi: 14.542)

For Liz the experience left an indelible impression that initiated a real fervour to take action:

...the client didn't stay with me so much, but the experiences of what I felt was an inappropriate referral did. And that's what sort of motivated me to go and do things about that. (Liz: 6.229)

1c Confronting the self

During the unfolding analysis I noticed that all participants' attention became inwardly focused; some finding themselves feeling culpable and all of them occupying an acute phase of intensive self-questioning. Frustrations and feelings of confusion and deficiency were described by these participants:

...the effect on me is that I just found it completely confusing; and [it] made me really question myself and question my training, and question why I wasn't able to do it. (Abi: 7.290)

...there was a lot of questioning, me questioning myself about what's going on, what am I doing, am I working within my limits? (Liz: 22.868)

Further self-questioning appeared to source inadequacy with the self:

I felt that I wasn't doing a good enough job. I felt that there was something about me that wasn't connecting with her adequately... (Mel: 7.250)

I kept on thinking well is it me that's not doing what I need to do? (Gill: 9.335)

For Abi the intensive self-questioning became overwhelming and bore a global impact on her work and sense of self:

...but just not [question] to that extent where it's sort of crippling your work almost. (Abi: 28.1140) ...the questioning got too much and it really started seeping out into everything, and that eats away at your confidence in yourself generally. (Abi: 31.1250)

1d The humble posture of the trainee

All participants made reference to their trainee status as an influence on their placement experience. Liz assigned great importance to the value of early trainee experiences and went on to highlight the trainee's tenuous position by questioning how referrers perceive the trainee's capabilities:

I don't think at the beginning I really thought about the importance of the quality of the experiences that we get as trainees with our first clients, or what a profound effect that might have. (Liz: 8.298)

...two thoughts came up for me. One is did the psychiatrist know [when referring] that a trainee was going to be counselling this patient? But also the line manager, what part of her thought that a trainee was capable? (Liz: 8.318)

The credulous state of the trainee is illustrated by Mel who ascribed superiority to her agency to make appropriate referrals; and Liz also admits being trusting of perceived expertise:

...from my perspective [I] quite naively assumed that they would know what sort of clients to refer to me. I [thought] well they're qualified so they know everything and I don't know very much... particularly very early on when I first went out into placement. (Mel: 1.30)

...with trusting the manager totally, [I felt] they're going to match me up with somebody whose presentation is going to match my level of experience and knowledge. (Liz: 10.387)

The trainee rank was also accompanied by feelings of inferiority for Mel who felt unable to challenge the perceived authority of her agency:

I think I did feel intimidated. (Mel: 17.671) [I was] quite quick to doubt myself rather than touting the person who I saw in authority if you like. (Mel: 6.233)

At least two of the participants described the challenges involved in getting a placement, and the sense of relief that was felt left Mel feeling compromised:

I was so grateful to have a placement; I really wanted to work in that field. So I think I compromised quite an awful lot really looking back... (Mel: 20.767)

2 The Impact on Practice

Getting to grips with being a trainee

At this stage of the analysis, I recognised a deep integrity and commitment of all participants to their counselling endeavour; to deliver ethically sound practice and take action to regain a sense of stability. During this process three participants reflected on the challenges entailed in doing and being amongst the person-centred approach.

2a Grappling with the model

Liz described her struggle to implement the core conditions of the model with her difficult client:

My challenges were around trying to be, wanting to be accepting of all that she was, but that's incredibly hard to do when you've got somebody who is, it felt like really judging me. (Liz: 5.168)

Other participants seem to resist the process of person-centred therapy and their comments indicate a movement away from the model in their practice:

...it's trying to make sense of it in your head as to what this experience is that the client has had. Maybe I don't need to understand it. I need to work with it, which I kind of understand now... (Gill: 17.645)

I need to do something to kind of make it OK for her to be here and to engage and somehow sort of speed that process up... (Abi: 17.663)

For Gill it took time to inhabit the model:

I'd come in and say [to the supervisor], what he really needs is this, this and this you know... so that took me six months to work through. (Gill: 11.416).

However, it seems that Gill settled into the model and ultimately felt the power of encounter:

*I worked where she was really and that's what you do isn't it. (Gill: 17.655)
And she actually ended up going back to work... I'm blown away by that. (Gill:
18.676)*

Abi also becomes more trusting of the model:

*...in the later stages actually being able to see why it might work and how it
can be of value. (Abi: 29.1161) I guess it's about [the connection] and that
being the transformative factor. (Abi: 29.1168)*

2b Seeking help - the quest for balance and resolve

All the participants in the sample sought refuge and acted on a desire to find

answers. Liz in particular felt compelled to find fairness for trainees:

*I went and did something about it. I didn't just accept that this should happen.
(Liz: 13.518) I feel quite passionate about speaking up for those who maybe
wouldn't say anything. (Liz: 16.635)*

Abi sought advice that wasn't easily forthcoming:

*I can't really remember getting any kind of advice or anything like that on what
to do with it or where it goes or... but I remember feeling quite cross... it felt
like I wasn't being taken very seriously. (Abi: 19.750)*

All participants recognised supervisory consultation as imperative and my analysis
indicated it serving various functions. For Mel the supervisor was a facilitator in the
scrutiny of her practice:

*Just to have that place to go to use as a sounding board to really look at your
practice very carefully about what it is you're doing, to maintain the best
interests for your client. (Mel: 15.580).*

For Abi the supervisor helped to activate direction and reconcile ethical tensions:

*I remember going to my supervisor a lot at that point and [saying] I don't know
what to do... (Abi: 13.534) I don't know where we're kind of going with this,
and I don't know whether it does need to go further. (Abi: 12.486).*

Gill felt that supervision was the main instigator of change and growth through
helping her to confront issues with herself:

*I would've said in the first 50 hours my confidence really did soar because I
was kind of confronted. And I always put that down to my supervisor. It isn't
about saying you're doing fine, it's making you confront your own stuff. (Gill:
18.707)*

3 The Emerging Professional Self

Coming through to the other side

Towards the end of the interview, participants were asked about the positive impact of their experiences, and their comments allude to both personal and professional growth.

3a The trainee in process – becoming

Becoming more confident, able to challenge and more self-trusting:

I've had referrals since; I didn't know at the time they were inappropriate but quickly became aware that they were. And I'm certainly a lot more confident now about saying well actually, I'm not really sure... (Mel: 9.345)

...and [the experience] has helped [me] to trust myself more; to not question myself quite so much. (Mel: 15.577)

Two participants became more accountable for their own experiences:

I [got] to the point where I was actually filtering through the clients myself. (Gill: 7.251) I just thought, I've got to sort this out haven't I.... what I think is going to give me the best sort of experience. (Gill: 14.535).

I'm more choosy about who I'm going to take on as a trainee. (Liz: 10.382)

For Gill, working with difficult client issues has enabled her to become more open about topics such as suicide and death:

I had to somehow get to grips with somebody who was talking about suicide on a regular basis. At first I was in a bit of a panic. (Gill: 21.807). It was useful for me because I began to realise that... you could talk about these things without going freaking out about them. (Gill: 22.841)

Abi was able to reap the benefits of self-questioning through becoming more objective and self-valuing in her work:

I suppose like now I'm kind of able to remove myself from it a bit more and see that it's not about me... (Abi: 8.302)

...now I think it's helping me [to] really value what it is that I can bring to the relationship. (Abi: 26.1073)

3b Positioning the self as a therapist

While accumulating clinical experience, all participants relayed a sense of feeling

more self-assured in their therapist role, as Gill comments:

[It's] less [about] what you're doing isn't it, and more about who you are really.
(Gill: 21.800)

Assertiveness was also a significant area of growth:

I would be far less accommodating and probably would question a lot more now. (Mel: 21.796)

Furthermore, Abi has modified her practice by doing more checking out with her clients:

Whereas now I think I do kind of keep that [initial session] a bit tighter and do know that I need to find out a little bit more... (Abi: 25.1008)

3c Disenchantment with the agency

All participants expressed a sense of disillusionment with their placement agency for a number of reasons. For example, Gill perceived that referrers had unrealistic views about client needs and what counselling can offer:

I'm often quite appalled at the level of understanding that seems to be the people who refer the [clients] to us. (Gill: 2.76)

Mel felt unsupported and belittled, and this resulted in anxiety for her:

Not feeling supported by the managers at the placement particularly, feeling as though I was being almost told off if you like for questioning their referring skills. (Mel: 16.608)

I felt that my concerns were kind of dismissed... As a trainee I didn't feel as though I could rock the boat almost. (Mel: 5.192)

Most participants reported feeling unprepared for their placement encounters:

I didn't have an induction at all... I just like felt as though I'd been parachuted in [to] just sort it out. (Gill: 15.552)

Basically I'd get a phone call, can you see this [client], yes or no, and that was it. So I didn't even know about the fact that there was a kind of process in the background at the time. (Abi: 7.266).

Gill felt that she was not getting value from her placement and became disenchanted with the counselling profession:

I didn't really get any experiences..., and I didn't feel that there was enough support either. (Gill: 6.207)

My experience really has been that the whole of the counselling thing is a bit shambolic in patches. (Gill: 27.1037)

All participants expressed concern about referral processes and these final quotes lead a sense of concern for new trainees entering the field:

I was quite shocked actually that there was a lack of, what feels like a lack of commitment to really screening the referrals. (Liz: 7.272)

It just felt like somebody did need to keep a kind of check on all that and especially when you're using so many students on placement... (Abi: 21.843)

The experiences described by this sample of counsellor trainees allude to significant internal shifts on both a personal and professional level that appear to be inextricably linked to the presence of perceived inappropriate referrals in their work. Their narratives highlight the taxing strains that encircle client contact but also demonstrate the dedication to process their grievances and dig deep to locate the personal resources that would enable them to endure their training phase.

Chapter 5

Discussion

This study can be considered to have adopted a critical incident approach (e.g. Howard et al., 2006) whereby participants told their story of specific positive or negative moments during training (i.e. working with a perceived inappropriate referral) that made a difference to the trajectory of their novice journey. Overall their narratives reveal similar categories to those found in other critical incident research (e.g. Howard et al., 2006) that pertain to wrestling with competency based issues and the trainee's sense of self-efficacy, critical awareness of the clinical context and the value of supervision; all of which are associated with the appointment of client contact.

Ronnestad & Skovholt (2003) agree that meeting clients for the first time is a critical incident and most important task faced at this phase, and this was echoed by Liz who recognised the *"importance of the quality of the experiences that we get as trainees with our first clients, or anyway what a profound effect that might have"* (Liz: 8.299); and other participant narratives describe their early client work as providing the basis for subsequent learning (Hill, Sullivan, Knox and Schlosser, 2007) by instigating a huge *"learning curve"* (Gill: 18.707; Mel: 6.219).

Issues relating to the task of client contact were indeed the most prevalent features of this study, and its outcomes support Tribe's (2005) findings that work with clients who are perceived to be inappropriately referred is an important issue for counsellor trainees in that it is highly influential in their ethical practice and professional development. Tribe's (2005) theme that uncovered trainees being asked to work at the edge of their professional competence was also felt by Liz who said *"I felt at*

times really out of my depth" (Liz: 4.125); and this participant also illuminates another of Tribe's (2005) themes in recognising complex client issues: *"I felt manipulated, I felt very challenged actually at times by this quite complex, complicated [person], who was very angry"* (Liz: 4.130). The findings further support comments made by Izzard's (2001) supervisors who spoke of placements providing inappropriate clients to trainees and as operating with loose boundaries; *"nobody's kind of holding some sort of goal post or set of boundaries"* (Abi: 21.850).

Rønnestad & Skovholt (2003) suggest that issues of suitability normatively arise during the 'beginning student phase' (p. 11), and this holds true for the participants in this study who all queried the appropriateness of their referrals; for example Gill elucidates *"my assessment [was] that in fact they [clients] weren't [appropriate]"* (Gill: 7.239). Due to the absence of an established definition, what was of interest was the different ways in which referrals were regarded as inappropriate by the participants; and this is despite having provided a tenuous definition in the information sheet during the recruitment phase. For example Abi's experience chimes with Herrick (2007) who expressed concern that placements may not understand trainee's requirements: *"there were a number of referrals that were made quite early on when I was counselling that weren't really..., it wasn't about counselling"* (Abi: 5.205). In contrast, Mel's comment: *"I think I felt at times that we were sort of mismatched"* (Mel: 7.245) alludes to the incompatibility between the client's issue and the trainee's skill level that Carroll (1993) and Orlinsky & Rønnestad (2005) argue that case selection should avoid. The diversity of ideas here is espoused by Min's (2009, 2012) reminder that trainee perceptions are significant features in the way in which they experience phenomena, and their very subjectivity would naturally give rise to differing views on such a complex issue.

Despite the difficulties in isolating a definition of an inappropriate referral, their occurrence in the narratives of the trainees in this sample concurs with De Stefano et al.'s (2012) view that it is inevitable that trainees will find themselves working with difficult or challenging clients who test their levels of knowledge and competence. Given the preordained nature of such incidents, it would seem a coherent strategy to implement an assessment process (Coate, 2010) or referral criteria (Dunkley, 2007) to protect trainees from the burden of referrals that are inappropriate (Haworth & Gallagher, 2005), and lessen the trainee's propensity for 'stressful involvement' with clients (Orlinsky & Ronnestad, 2005, p. 182). However for the participants in this study, consistent systems of referring and associated safeguarding were seemingly lacking as Abi and Mel explain: "*this will vary between the [referrers] as there isn't a strict set of guidelines to determine the level of need*" (Abi: 4.147); "*I don't think they did that [matching]. I don't think that that happened*" (Mel: 17.649).

The need for a gradual introduction of the trainees to more difficult aspects of their work that Carroll (1993) proposes, and that reflects the developmental pathways written by Stoltenberg & Delworth (1987) and Ronnestad & Skovholt (2003) is also not borne out by the experiences of this sample of trainees. In some cases neither does there seem to be the presence of careful monitoring (Carroll, 1993) and filtering (Herrick, 2007) of possible referrals by an appropriately qualified gate-keeper; as Abi explains: "*nobody recognises the fact that they've [referrers] got no kind of counselling experience, they're not looking at how the referrals are being made...*" (Abi: 39.1585). The upshot of situations like this is that the participants felt compelled to "*filter(ing) through the clients myself*" (Gill: 7.251); and for Liz, "*the shift has been from having expected that the person that's assessing for suitability [will match appropriately]... I suppose I'm thinking well I'm not actually sure if you're going to do*

that, so I will do it" (Liz: 11.424). This need for control and predictability is echoed by Hill et al.'s (2007) trainees who expressed their wish to be assigned "easy" or "safe" clients (p. 444).

However, the associated impact of a lack of such structure also arose within the third super-ordinate theme where a sense of dissatisfaction (Dryden et al., 1995) with the placement agency became evident in participant's accounts. Although writers such as Kahr (2011) and Dryden et al. (1995) advocate that a well managed and supportive placement can be pivotal in the development of self-confidence, all participants spoke of the ineptness and insecurity that Duryee et al. (1996) allude to when trainees are in situations where they don't know how to proceed. Comments made by Gill: *"I didn't have an induction at all"* (15.552) and Mel: *"it was a bit of a whistle-stop tour"* (19.744) refer to the lack of information that forms the Type 1 problem that Pitts (1992) found in placements and that contribute to a failure to perform as reasonably expected. In addition, the perceived *"graft to get a placement"* (Liz: 23.929) and *"the need to get 100 hours in"* (Abi: 23.915) supports Herrick's (2007) observation that adds to trainees feeling *"grateful to have a placement"* (Mel: 20.766). Consequently these feelings complicate circumstances for the trainee when faced with perceived difficulties (Tribe, 2005); as Mel says: *"I think I kind of compromised quite an awful lot really"* (20.769). The overall sense from the participant's narratives corresponds to Coate's (2010) comment that inappropriate placements can be undermining and feel unsafe for trainees and clients; *"I certainly didn't feel very safe at the beginning, and I didn't feel the people around me were necessarily as safe as they might be"* (Gill: 28.1071).

The difficulties experienced by the participants led them all to invest more in *“the overall need for supervision, and how vitally important that is”* (Mel: 15.581). Ronnestad & Skovholt (2003) point out that supervisors can exert a major influence on the beginning student; as Gill says *“in a sense you’re guided aren’t you by your supervisor”* (Gill: 13.499), and Mel’s comment concurs with Skovholt & Ronnestad (2003) who state that many novices plausibly seek the support and guidance of those professional elders who “know the ropes” (p. 55); *“I think I’d probably refer quite heavily to my supervisor for her years of experience”* (Mel: 11.428). All the participants felt able to disclose their difficulties within supervision (Mehr et al., 2010), and although Gill was initially *“nervous about asking for help”* (Gill: 24.923), she was enabled to have the discussions about self-efficacy that Bernard & Goodyear (2009) argue are important in developing self-confidence; *“my confidence really did soar because I was kind of confronted. And I always put that down to my supervisor”* (Gill: 18.707).

The initiative demonstrated by these and other participants in managing their clinical work shows a process of becoming accustomed to the challenges of training as a counsellor, and the third super-ordinate theme encapsulates the growth in confidence and assertiveness in challenging the suitability of referral processes: *“I’m certainly a lot more confident now about saying well actually I’m not really sure that this is necessarily [appropriate]”* (Mel: 9.345). However, some of the narratives that are reflected by the first super-ordinate theme highlights the delicate posture of the trainee that made it initially very difficult to challenge perceived figures of authority; and for Liz who referred to new trainees entering the field *“my worry was that for some people that felt they might not feel able to do that [challenge]”* (Liz: 10.398). Because of the volatility in confidence that necessarily comes with being a trainee

(Bischoff & Barton, 2002), any early growth in confidence can quickly evaporate when faced with challenging circumstances; *“I do recall it really sort of affecting my sort of confidence at that point”* (Mel: 9.323). These are findings akin to those of Folkes-Skinner et al. (2010), and De Stefano et al. (2007) explain that this may be due to trainees lacking the internalised experiences on which to evaluate new ones. However Mel’s journey shows how ongoing clinical experience can help promote the process of internalisation to stabilise such vacillations in confidence; *“the latter inappropriate referrals that I’ve had in my training have helped me with my confidence”* (Mel: 15.554).

Related to confidence are the beliefs that pertain to the trainee’s ability to negotiate challenging client scenarios, and the sources of change in trainee self-efficacy found by Lent et al. (2009) were also experienced by this sample to be located in-session with clients. All participants experienced negative affective states; for Gill *“[it] threw me into a bit of a panic”* (Gill: 8.275), and Liz described feeling *“put through the mincer”* (Liz: 13.490). These states seemed to interact with bewildering cognitive responses that contribute to what Skovholt & Ronnestad (2003) describe as the “anxiety of self-consciousness” (p. 47), and which are fused by the sub-theme *confronting the self*. Skovholt & Ronnestad (2003) argue that the focusing on oneself detracts attention away from the task at hand and becomes directed towards stabilising the internal state; as this participant articulated *“I became a bit wary of watching my brain”* (Liz: 12.470), and for Abi *“in those very early stages, it’s really difficult to kind of think”* (Abi: 8.305). These sensations gave rise to the kind of self-criticism that resonates with Hill, Sullivan, Knox and Schlosser (2007) and Theriault et al.’s (2009) trainees who felt incompetent and deficient; *“I felt as though there was something lacking in me”* (Mel: 7:247). Further findings help illustrate Hill, Sullivan, Knox and Schlosser (2007) observation that trainees expressed dismay when clients

did not conform to expectations: *"I felt very sort of ill-prepared as to what I would expect from a client"* (Gill: 8.299); or felt anxious when faced with a psychologically sophisticated client: *"the client told me that she'd also done a counselling course. So there was a lady sitting in front of me who knew a bit about theory [and] terminology, and so I had the experiences of someone saying 'oh nice bit of paraphrasing going on there'"* (Liz: 3.103). Skovholt & Ronnestad (2003) explain that trainees lack the professional experience that helps to buffer the impact of such anxiety when difficulties are faced; however as Ronnestad & Skovholt (2003) point out, such experiences are aligned with the typical characteristics of the 'beginning student phase' (p. 11) where encompassing features of counsellor training such as theories, clients and professional elders all combine to force some kind of impact on the trainee.

Ronnestad & Skovholt (2003) further explain that beginning students customarily question their ability to "bridge the felt chasm between theory and practice" (p. 12), but suggest that they may experience a sense of calm when they start using their well studied frameworks. However the narratives that form part of the second super-ordinate theme suggest that for three participants there were initial struggles in the execution and occupancy of their practice model. Skovholt & Ronnestad (2003) offer a style of reacting to this dissonance and explain that 'premature closure' (p. 49) occurs when trainees feel overwhelmed by their challenge and its expression can be found in the difficulty of entering or staying in the experiential world of the client; as Liz comments *"feeling like I was stepping back rather really just being with and sensing and staying with this client"* (Liz: 12.473).

Further narratives illuminate the legacy of this dissonance in the intensity with which participants wrestled with self-questioning; *"I just found it completely confusing; and*

[it] made me really question myself and question my training" (Abi: 7.291). Skovholt & Ronnestad (2003) offer 'insufficient closure' (p. 49) to explain how the participants dealt with the emotional and cognitive overload that they experienced when faced with their perceived inappropriately referred clients; and this helps to explain why the participants continually felt the disturbing reactions produced by the challenge and became pre-occupied with processing related thoughts. More examples of this type of reaction are condensed by the first super-ordinate theme and are illustrated by the narratives that make up how participants were required to *endure an inimical residue* and the intense self-questioning that forms the sub-theme *confronting the self*. The feelings of culpability experienced by some participants are validated by Skovholt & Ronnestad (2003) who report that the novice often points the finger of blame towards the self, and this is illustrated by Mel: *"there's something about me"* (Mel: 3.111) and Gill *"I kept on thinking well is it me that's not doing what I need to do"* (Gill: 9.335). With an accompanying loss of confidence Abi further admits *"I couldn't make those ethical decisions then cos it was like, it was all self-doubt"* (Abi: 32:1304); and Skovholt & Ronnestad (2003) describe the trainee who is having to make decisions while feeling confused as encountering the "white water experience" (Zeigler et al, 1984 in Skovholt & Ronnestad, 2003, p. 51) where the conceptual maps acquired through learning seem irrelevant and inadequate for the specific challenges faced in practice. They advocate that "until experience gives one the internal cognitive map, the novice experiences the elevated stress of inexperience" (p. 52).

Similar to those trainees working with the challenges of clients with non-suicidal self-injury (De Stefano et al., 2012), the trainees in this sample also experienced feelings of uncertainty and incompetence in their work with the clients who they perceived to be inappropriately referred. Likewise, where difficulties were acknowledged and

answers were sought by these participants, the vigilance and reflexivity that they practiced appeared to lead to significant learning. The narratives that make up the growth aspects of the third super-ordinate theme support Min's (2012) findings which show that the strategies that they developed to manage their client work contributed to the development of their self-efficacy and enabled them to learn to position themselves more comfortably as therapists. They moved towards accepting the reality of the tasks and roles involved in client work, and adjusted their perceptions of the limitations that they found in their clinical environment. In addition, the importance of an attitude to openness to new learning is vital in facilitating growth and professional development (Ronnestad & Skovholt, 2003) and this is keenly illustrated by Gill who wrestled with particularly difficult clients issues: *"I've grown from where I was to letting these things in"* (Gill: 23.878).

The overall findings of this study accord with much of the research literature that reports the stressful nature of client work in counsellor training. Although the initial turbulence of working with perceived inappropriate referrals was principally experienced negatively by the participants, it seems that such a critical incident prompted the type of "vigorous internal construction work" (Skovholt & Ronnestad, 2003, p. 50) in the trainee's confidence and self-efficacy that boosted their levels of competence, and that may not have necessarily been experienced in work with "easier" clients. Those who argue that "it does no harm to beginners to 'throw them in the deep end'" (Carroll, 1993, p. 57) may have a point since the trainees in this sample were not necessarily disadvantaged by their early negative experiences. However I would regard this statement tentatively as it is only by the virtue of the courage and wherewithal of the personal efforts of this sample of participants to build the resilience to withstand their difficulties that this could possibly hold some truth.

Chapter 6

Conclusion

This small scale qualitative study has endeavoured to contribute to a sparse area of inquiry, and partakes in Ronnestad and Ladany's (2006) request for more research into the relevant and meaningful areas of trainee practice; in this case understanding the impact of at least one factor of the training process - work with clients perceived to be inappropriately referred. It is also considered timely since the burgeoning demand for counselling services in society has led to an expansion in the number of training courses available and applications from trainees wishing to become part of the counselling community.

The findings of the study resonate with existing literature investigating the impact of early client experiences on the trainee, and reveal a linear pattern of both negative and positive influences along their developmental path. On the initial encounter with clients perceived to be inappropriately referred, the impact on confidence and self-efficacy was experienced as negative and caused both cognitive and emotional disturbances for the trainee. However within the framework of self-questioning and reflexive activity there followed a surge of growth in which trainees developed greater prudence in their client work, and refined the personal qualities that promoted greater resilience and proficiency.

The findings of this study have therefore characterised some of the important tasks involved in the early stages of the trainee's professional development; and with the inevitability of inappropriate referrals being assigned to them, these tentative insights can help those involved in training students to be more aware of the referral mechanisms involved when gaining clinical experience in placement settings, and

perhaps approach the clinical management of inappropriately referred clients as an important training goal (Spruill et al., 2004; Hill & Lent, 2006; Hill, Stahl & Roffman, 2007). Such a position may help to engender healthy professional development (Bischoff et al., 2002), provide a good start to the therapist's training (Todd, 1997), and arrest the "negative avenues of professional development such as incompetence, impairment and disillusionment" (Ronnestad & Skovholt, 2003, p. 7) experienced by this sample of participants. Indeed Dryden et al. (1995) firmly believe that the training course has some responsibility to ensure that the placement context offers the trainee appropriate practice experience; and Koocher & Keith-Spiegel (1998) further allude to the responsibilities of placement providers to monitor and consider such instances coherently.

The issues raised by this study prompts further research to better understand the impact of early work with difficult clients on counsellor development, and the present findings could be used as a basis to explore whether the themes derived are replicated in other trainee samples. It would be particularly useful to compare the prevalence and impact of inappropriately referred clients from different sectors providing trainee placements such as those in primary care. It would also be valuable to obtain supervisory perceptions about the impact of their work with supervisees encountering inappropriate referrals, as they may be purported to have more of an oversight into the administration of training experiences.

My desire for additional enquiry concurs with De Stefano et al. (2012) who point out that further research should help to find an appropriate level of experience for the trainee to enable them to hold a "steady state of creative tension that neither overwhelms nor erodes their fragile sense of competence" (p. 303).

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Appendix 1

Reflexive Account

The purpose of this reflexive account is to highlight any “potential biases and assumptions” (Rudestam & Newton, 2007, p. 114) that may have affected the way in which I conducted the research process. Such critical reflection on my own perspective also provides the context for the genesis of the research topic and consequently for the analysis of gathered data.

My interest in the issue of inappropriate referrals stemmed from my own early counselling training experience in a primary care placement where I noticed increasing complexity in the presentation of the issues of one of my first clients. Accompanying a jolting sense of ill-ease was concern that despite several years of academic work in the field of psychology, I was lacking the relevant knowledge of psychopathology and clinical experience to work with this client safely and effectively. Something did not feel right and my initial thoughts lay at the door of the referrer while I pondered on the mechanism by which this client was placed on the waiting list to see a trainee counsellor. I had naively assumed that since my placement provider was included on an “approved list”, there would be a supportive structure in place to help ease me in reasonably gently to work with clients whose presenting issues were well within the remit of a novice. My other thoughts tried to embrace the learning opportunities surrounding these novel circumstances, and I came to accept that because this was a different working environment for me perhaps this is just the way it is in the beginning; and I would need to adjust very quickly to what appeared to be the launch of a very steep learning curve.

However, feeling distinctly out of my comfort zone and spurred on by my tenacity I made enquiries and discovered a process absent of filtering or screening referrals

that would match the client's complexity to my level of experience. Further contemplation led me to ask questions about the knowledge and expectations that the referrers (primary care staff) held about the posture and capabilities of the trainee counsellor. Accordingly I took my dilemma and questions to supervision which gave rise to considerable debate about what type of clients should and should not be referred to a trainee to work with. Thereafter the concept of the "inappropriate referral" became the subject of much enduring discourse, and I experienced a sense of disbelief that I was perceiving a profession that deals with some of the most delicate of mental health concerns that had not yet in reality developed a system that complements the most fundamental ethical (BACP, 2010) counselling endeavours. I felt exasperated and disillusioned by this, as in my previous managerial position I was accustomed to professional structure and practiced a tight rein on the delivery of policies and procedures. Therefore it felt ill-fitting and unstable for me to be learning the practice element of counselling in a system without a complete scaffold of support.

I was resisting the notion that it was all my fault that I was struggling to contain this client's material, and after discussion with several sources in the counselling profession came to the conclusion that between some general practitioners and some trainee counsellors, there is not enough understanding of each other's work to make appropriate and effective use of placement counselling services. For a while I became disheartened and began to doubt my capacity to work within a system whereby I felt that the general practitioner held superior status and knowledge compared to the lowly trainee.

The power of my early attempts to disentangle the elements of my experience left an indelible impression on me and my emerging identity as a novice counsellor; and this

prompted some thought about the need to find out more about the position of the trainee in such circumstances. Indeed my earlier literature review was more focused on the issues pertaining to the use of trainee counsellors in primary care placements; however I began to feel that the emotive aspects of my previous experience would bias the direction of that research idea too much. Therefore my interest was directed towards learning about other trainee experiences in different placements to find out if the concept of “inappropriate referrals” is an issue that exists in other sectors, and find out about the impact of such work on the personal and professional integrity of novice practitioners.

The research process has been both invigorating and immensely challenging at times. However the personal investment and momentum in pursuing the research was driven by my view that there is a real need for some of the issues arising from work with inappropriate referrals to become more exposed. What I have learned from this research process is that I was not alone in my angst, and that the notion of the “inappropriate referral” can be an uncomfortable reality for some trainees embarking on placements.

Appendix 2

Summary of Research Strategies

Literature was acquired using my own library of counselling books and journals as well as those of the University of Chester's Learning and Information Service.

Where literature was sourced online at home, Google Scholar and BACP were used to locate articles pertinent to the topic under study; however the majority of the enquiry was conducted via the University portal intranet to access a series of databases:

CINAHL Plus	PsycARTICLES
PsycINFO	SocINDEX
Science Direct	Web of Science
Taylor and Francis Online	Wiley Online Library

The search terms focused on combining words included in the title of the dissertation using Boolean operators "AND" "OR", and also used a thesaurus to find words denoting similar meaning and to narrow the search more specifically:

Trainee, novice, neophyte, student, graduate; counsellor, therapist, psychotherapist; training, internship, placement, practicum; client, patient; impact, referrals, inappropriate, complex, difficult, challenging; professional, development.

The use of truncations was included to capture differences in language spellings, for example:

Train*, couns*, therap*, psychother*, develop*, refer*.

Appendix 3

Example of recruitment e-mail sent to training providers

June 2014

Dear sir/madam,

I'm a student who has just completed the 3rd year of the MA in Clinical Counselling at the University of Chester, and am at dissertation stage and seeking participants in the form of trainee counsellors on clinical placement.

I have ethics committee approval to contact training providers to recruit interviewees, and am asking if it would be possible for you to disseminate the attached details of my research to colleagues who facilitate trainees on counselling courses that include placement experience.

I attach a poster advert and a research notice for tutors and students that give a sense of what my research is about. I also attach a more detailed research information sheet. Could you provide a postal address where I can send a copy of the advert for notice board display?

Due to the academic year possibly having ended and tutor contact with students being limited, my request would be for tutors to forward the attached details in a collective email to their students on placement.

I would greatly appreciate any help that you can offer.

Many thanks,

Mair Sides.

Appendix 4a: Advert on BACP Research Notice Board

bacp : research

HOME > RESEARCH > RESEARCH NOTICE BOARD

RESEARCH

ABOUT RESEARCH

CFD

EVENTS

NETWORKS

PUBLICATIONS

RESEARCH NOTICE BOARD

RESOURCES

TENDER

19/05/2014

Back to research notice board

Respond to notice

participants - Trainee counsellors in clinical placement - have you worked with a client who you considered to be inappropriately referred to you?

Mair Side

PAGES

▶ Research notice board

I'm a 3rd year student at the University of Chester (MA in Clinical Counselling), and my research dissertation is to explore the impact on therapist development of working with at least one client whose clinical challenges were considered to be inappropriately matched to the trainee's level of experience.

SIZE
A A
A

The aim is to explore how this particular aspect of counselling training can positively and/or negatively contribute to trainee development and learning.
Your involvement has the potential to:

1. provide an opportunity to reflect upon and voice your experiences of dealing with perceived inappropriate referrals,
2. raise greater awareness of the learning needs of trainee counsellors when gaining clinical experience in placement settings,
3. highlight problems involving referrals so that improved referral procedures in placement settings can be implemented,
4. emphasise the need for greater integration of the trainee into agency teams to improve collaboration,
5. promote greater understanding between professionals to engender realistic expectations about what trainee counsellors can offer in order to provide safe and ethical contact with clients.

If you're interested in talking about how such experiences have influenced your development as a counsellor, please contact me for more information.

Participation will include a confidential, audio-taped semi-structured interview of up to an hour based at the University or mutually convenient location.

Please contact me on (email address)

Many thanks.
Mair

British Association for Counselling & Psychotherapy, Company limited by guarantee
BACP House, 15 St John's Business Park, Lutterworth LE17 4HB, Tel: 01455 883300, Fax: 01455 550243, Wales. Registered Charity 298361
Minicom: 01455 550307

Appendix 4b: Advert on Therapy Today.net May – July 2014

Call for Participants.

Trainee Counsellors who have worked with a client perceived to be inappropriately referred to them. MA researcher exploring the impact on counsellor development.

Contact Mair Sides (e-mail address)

Appendix 5: Poster Advert for Notice Board Display at Training Providers

TRAINEE COUNSELLORS...



Have you worked with a client who you perceived to be inappropriately referred to you?

I'm an MA counselling student at the University of Chester, and my research is to explore the **impact** of working with clients whose clinical challenges are considered to be inappropriately matched to the trainee's level of experience.

If you're interested in talking about how such experiences have influenced your development as a counsellor, please contact me for more information.

Participation will include a confidential audio-taped interview of up to an hour based at the University or mutually convenient location.

**Contact: Mair Sides
E-mail: address supplied**

Appendix 6: Typical e-mail response to interested participants

Hi (name),

Thank you for your interest in my research and I am delighted that you would be willing to participate.

Please find attached a research information sheet which provides further details of the research, and a pre-interview questionnaire that you will need to complete and return so that I can check your details against my criteria for inclusion in the study.

On receipt of your details, I will be in touch again to let you know whether or not we can go ahead and make arrangements.

Many thanks and kind regards,
Mair.

Appendix 7:

Research Information Sheet

Title of dissertation: An exploration of the impact of perceived inappropriate referrals from clinical placement on the trainee counsellor's professional development.

About me: I am a third year post-graduate student at the University of Chester studying the MA in Clinical Counselling. My counselling placement is at a medical practice where I work with GP referred clients who present with a range of issues of differing severity.

My Research: Research agrees that direct clinical work with clients is one of the most influential factors in therapist development. Most argue that case selection for trainees should ensure the best possible match between the student's skill level and the clinical challenges that clients present. Despite requirements that ask placement providers to ensure that trainees receive referrals that are appropriately matched to their level of experience and competence, trainees and indeed qualified counsellors become exposed to client referrals which can be perceived as inappropriate.

For the purpose of this study, an inappropriate referral can be defined as receiving and working with a client whose case material presents clinical challenges that are perceived by the trainee to be inappropriately matched to their level of experience and competence.

My interest is in the experiences of counsellors who are training in approved placements and who have worked with at least one client who they consider to have been inappropriately referred to them. The aim is to explore how this particular aspect of training can positively or negatively contribute to trainee development and learning.

What does participating in this research mean? If you choose to volunteer as a participant and you meet the criteria alluded to in the accompanying pre-interview questionnaire, your involvement will be an hour long (approximately) audio-recorded interview to be held at the University of Chester or a mutually convenient, safe and confidential location. The interview will be transcribed and you will be invited to check it for accuracy. Your data will be analysed using interpretative phenomenological analysis methods, and will then be compared to the data from other participants to identify themes. Process consenting will allow consent to be an ongoing discourse between us; and your participation in the study is voluntary, giving you the right to withdraw yourself and your data until the dissertation is submitted.

What are the potential risks? With any exploratory work undertaken during counsellor training, there is the potential for uncovering issues that may have eluded awareness. In the event of unexpected or painful feelings arising, I would ask that you use the support of your supervisor and/or personal therapist to understand what this means for you. I can be of assistance to you to access the list of BACP registered counsellors if you wish.

Confidentiality: Throughout the research process I will ensure that your anonymity is protected by allocating a coded pseudonym to all information relating to your involvement. Any information which may identify you, clients, colleagues or anyone else will not be used in the study. With your consent, verbatim sections of the interview may be used in the final dissertation.

Benefits of the research: This research has the potential to raise greater awareness of the learning needs of trainee counsellors when gaining clinical experience in placement settings. Problems involving referrals can be highlighted, and appropriate supportive steps can be taken. As well as offering a voice to the trainee's experiences of dealing with perceived inappropriate referrals, it is anticipated that wider issues will emerge which will expose the need for improved referral procedures in placement settings; the need for greater integration of the trainee into practice teams to improve collaboration; and for greater understanding between professionals to engender realistic expectations about what trainee counsellors can offer in order to provide safe and ethical contact with clients.

What will happen to the results: The results of the research will form part of the MA dissertation which will be submitted to the University of Chester who will retain a copy. The results may also form part of other works to be put forward for publication.

Data Protection: Audio recordings will be made on a digital recorder and transferred and password protected onto my home PC. Transcriptions of interviews will be saved under a coded pseudonym to ensure anonymity. A back up copy of the files will be held on a securely kept pen drive.

Ethics: This research study has been approved by the University's Ethics Committee and therefore authorised to pursue. To ensure and maintain ethical standards, the study will be conducted in accordance with the guidelines laid out in the University of Chester's Research Governance Handbook, and the ethical principles emphasised by the BACP's Ethical Framework for Good Practice in Counselling and Psychotherapy (2010). Research conduct will be monitored through regular consultation with my academic supervisor; who should also be the recipient of any complaints relating to the research: Dr Valda Swinton, Programme Leader MA in Clinical Counselling, University of Chester, Department of Social Studies and Counselling, Parkgate Road, Chester, CH1 4BJ; (phone number & e-mail address). Complaints that cannot be satisfactorily resolved can be made to the Dean of the Faculty of Social Sciences; the address and details of the process being available on request.

My Contact details: Mair Sides (e-mail address)

Reference:

BACP. (2010). *The Ethical Framework for Good Practice in Counselling and Psychotherapy*. Lutterworth: British Association for Counselling and Psychotherapy.

Appendix 8:

PRE-INTERVIEW QUESTIONNAIRE

Name: _____ **E-mail:** _____

Gender: M / F Age range: 20-30 31-40 41-50 51-60 Over 61

Please answer the following questions to help ascertain your suitability to participate in this study:

1. Are you currently undergoing counselling training?

Yes ☐ No ☐

2. Please indicate the nature of your placement setting: _____

3. a) How many hours of clinical practice have you accrued to date? _____

b) Approximately how many clients have you worked with? _____

4. Do you have experience of working with at least one client which you consider as having been inappropriately referred to you?

Yes ☐ No ☐

5. Do you think that you would be able to discuss the ways in which the experience made an impact on your development as a counsellor (e.g. confidence, therapist identity, etc)?

Yes ☐ No ☐

6. Do you have access to personal counselling if required?

Yes ☐ No ☐ (If no, help with finding support can be provided)

7. Are you currently receiving supervision?

Yes ☐ No ☐

Many thanks for your time. I will review your responses and be in touch to let you know whether or not you have been selected for interview.

Appendix 9a:

RESEARCH CONSENT FORM

Title of Study: An exploration of the impact of perceived inappropriate referrals from clinical placement on the trainee counsellor's professional development.

Name of Researcher: Mair Sides

Name of Participant:

If you are happy to participate please complete and sign the consent form below.

Please

Initial

Box

1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily. ☐
2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. ☐
3. I understand that the interviews will be audio recorded. ☐
4. I agree to the use of anonymous quotes. ☐
5. I agree that any data collected may be passed to other researchers. ☐

I agree to take part in the above project

.....

Name of participant

.....

Date

.....

Signature

.....

Name of Person taking Consent

.....

Date

.....

Signature

Appendix 9b:

M. A. in Clinical Counselling Research

University of Chester

Consent Form: Audio/Digital Recording of Interview

Title of Study: An exploration of the impact of perceived inappropriate referrals from clinical placement on the trainee counsellor's professional development.

Ihereby give consent for the details of a written transcript based on an audio/digital recorded interview with me and **MAIR SIDES** to be used in preparation and as part of a research dissertation for the M.A. in Clinical Counselling at the University of Chester. I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by Counselling Tutors and the External Examiner for the purpose of assessment and moderation. I also understand that all these individuals are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy.

I understand that I will have access to the transcribed material and would be able to delete or amend any part of it. I am aware that I can stop the interview at any time or ultimately withdraw the interview, without giving a reason or explanation, at any point before the submission of the dissertation. Upon satisfactory completion of the M.A. in Clinical Counselling the recording will be securely destroyed. The transcripts and related data will be securely stored for a period of five years, by me, the researcher, and then destroyed.

Excerpts from the transcript will be included in the dissertation. A copy of the dissertation will be held in the Department of Social Studies and Counselling and may be made available electronically through Chester Rep, the University's online research repository.

Without my further consent some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure complete anonymity.

Finally I confirm I have read and understood the attached Information Sheet and was given the opportunity for further explanation by the researcher. I believe I have been given sufficient information about the nature of this research, including any possible risks, to give my informed consent to participate.

Participant name (Print): _____

Signed: _____

Date: _____

Researcher name: Mair Sides

Signed: _____

Date: _____

Appendix 10:

Interview Questions

1. Please could you start off by telling me about the nature of your placement setting and the process by which clients are referred to you as a trainee counsellor?
2. You've indicated that you've worked with at least one client that you've regarded as inappropriately matched to your level of training and experience. Could you outline the circumstances of that referral and the features of it that led you to feel that it wasn't suitable for you to work with?
3. Can you describe how you felt about this situation at the time?
4. How did this affect your counselling interaction with this client?
5. If you consulted with others about the referral, what were the particular concerns that you raised?
6. How has this experience influenced:
 - a) your decision to accept future referrals,
 - b) clinical judgements made about ongoing work with clients?
7. In what ways do you feel that your experience has:
 - a) had a positive effect on your learning and development as a therapist?
 - b) had a negative effect on your learning and development as a therapist?
8. If there's one thing that you've learned that you could pass on to other trainees starting placement, what would it be?

Is there anything else that you'd like to add before we finish?

Introduction: Many thanks for agreeing to be interviewed for my study. It is a small-scale qualitative study for an MA in Clinical Counselling (University of Chester), and its aim is to find out about the experiences of trainee counsellors who have worked with **perceived** inappropriate referrals from their placement.

The interview comprises of a number of questions that are designed to uncover the ways in which working with a client who you felt was inappropriately referred made an impact on your professional development as a trainee – whether or not the experiences enhance and/or impede development?

The interview will be semi-structured so will give us the freedom to explore any issues that arise if appropriate. The interview should last no more than an hour, and will be recorded on an audio-digital recorder.

Do you have any questions about the process before we start?

! Please could you read through and sign the two **consent forms**.

Questions

1. Please could you start off by telling me about the nature of your placement setting and the process by which clients are referred to you as a trainee counsellor?
2. You've indicated that you've worked with at least one client that you've regarded as inappropriately matched to your level of training and experience. Could you outline the circumstances of that referral and the features of it that led you to feel that it wasn't suitable for you to work with?
3. Can you describe how you felt about this situation at the time?
4. How did this affect your counselling interaction with this client?
5. If you consulted with others about the referral, what were the particular concerns that you raised?
6. How has this experience influenced:
 - c) your decision to accept future referrals and
 - d) make clinical judgements about ongoing work with clients?

7. In what ways do you feel that your experience has

- c) had a positive effect on your learning and development as a therapist?**
- d) had a negative effect on your learning and development as a therapist?**

8. If there's one thing that you've learned that you could pass on to other trainees starting placement, what would it be?

9. Is there anything else that you'd like to add before we finish?

Closing: Thank you for your time and contribution to this important area of counselling training. I'll transcribe the interview and invite you to check it for accuracy in due course. Your anonymity will be maintained throughout.

Criteria 1: Currently undergoing counsellor training:

My desire to recruit participants who were currently undergoing counsellor training was for timely purposes to facilitate the ease with which participants could recall their recent experiences. The position of trainee status was also considered to be an important feature in the recollection of experiences met within the organisational placement setting. Furthermore the personal and professional development components of training courses meant that participants would be accustomed to self-reflective activity and therefore primed in their ability to describe the impact of the most pertinent experiences on their counselling development. In light of a delayed response to advertisements, this criterion was later adjusted to include recently qualified counsellors who felt able to provide retrospective views of their training experience.

Criteria 2: Number of accrued clinical hours and number of clients engaged in therapy:

To allow the passage of time for participants to accumulate clinical experience and for participants to encounter several client referrals differing in terms of levels of complexity, the number of accrued clinical hours considered to be appropriate for inclusion was around 80. This condition was later adjusted to 50 hours and was considered to be sufficient clinical contact for participants to have developed a balanced sense of the type of clients deemed appropriate for referral to counselling.

Criteria 3: Experience of working with at least one client considered as having been inappropriately referred:

The main thrust of the research topic revolves around the effect of working with a client perceived by the participant to have been inappropriately referred to them. Therefore participants needed to bear in mind at least one such client as a focal point from which to explore the ways in which their development as counsellors was influenced and to answer interview questions as fully as possible.

Criteria 4: Ability to discuss the ways in which the experience made an impact on counsellor development:

Prior to volunteering for inclusion in the study, participants were required to consider their ability to take a reflective stance and communicate the dimensions of their work and themselves as counsellors that were affected by the experience of encountering a client considered to be inappropriately referred.

Criteria 5: Access to personal counselling and supervision:

With any exploratory work undertaken during counsellor training, there is the potential for uncovering issues that may have eluded awareness. Therefore in the event of unexpected or painful feelings arising during the process, participants needed to be able to access the support of their supervisor and/or personal therapist to discuss their significance.

Appendix 13:

Example of initial noting-taking

80 um, the referral. I thought that was um, a client that
 81 I could work with (l: mmm), um, and because it
 82 was a home visit, um, the line manager came with
 83 me to um assess really that it was suitable for lone
 84 working, um, which we did together. So we met
 85 this client in her home for about um, we stayed for
 86 about an hour, and then after that I set up my um,
 87 my sessions when I was going to see her. Um,
 88 what I hadn't really thought about, and I didn't
 89 have a discussion with my manager about is how
 90 potentially the boundaries are different working
 91 with somebody at home (l: at home, mmm), and
 92 not in a clinical environment (l: mmm, mmm).

93 Um, you've got oh like, you know, dealing with
 94 more disruptions, dealing with even like dogs
 95 going in and out or, you know (l: mmm). So there
 96 was, there was, from that, from an environmental
 97 point of view there was, it was very different. (l:
 98 mmm). Um, and um, in a, from a positive I guess it
 99 shifted it because the, the power balance I guess
 100 was about me going into her home (l: hmm, mm).
 101 Um, and the first few sessions were fine, um, but
 102 what started to come out was more complex and
 103 she, the client told me that she'd also done a
 104 counselling course. So, there was a lady sitting in
 105 front of me who knew a bit about theory, knew um
 106 the terminology, um, and, um, so I had the
 107 experiences of someone saying oh nice bit of
 108 paraphrasing going on there. So there was oh um,
 109 I can see what you're doing there, you're um.
 110 There was, not a role reversal, but there was, you
 111 know, she was saying, I can see, there was a lot of
 112 challenging me I guess about (l: mmm) how, um, I
 113 was, um, being towards her. Um, and then we've
 114 had do you want to talk about theory? Um, talk
 115 about Carl Rogers? Um, so, and out of that, in all
 116 of that also came that she had much more of a
 117 complex history. Um, she'd had, um, a lot of
 118 counselling in the past, she had an extensive
 119 psychiatric history, um, she'd been sexually
 120 abused as a child, um, and I began to feel, um,
 121 uncomfortable with um, whether I could, whether I
 122 was enough really and could be, and there was a

Handwritten notes:

- Need for endorsement by seniority
- Taking responsibility
- Counselling environment
- Feeling responsible for lack of foresight
- Initially felt OK with working with this client.
- Was it safe? Trusting manager. Shared responsibility
- Role of line manager.
- "I" feeling responsible for not thinking or checking out
- Oversight of differing boundaries
- Difficulties in home visit - disruptions
- How can she do her work in a place like this?
- Habitual repetition
- Ill-prepared to work in this env.?
- Who has the power?
- Emerging complexity
- Taken aback by client's obs & comments - impact?
- Role reversal?
- felt shift in sense of prof. identity?
- Felt challenged - her 'being'
- Felt uneasy about being enough for the client
- Not being enough
- Feeling exposed by board's territory
- Used by env.
- Difficulties with environment
- Feeling awkwardness of complexity
- Complexity of client emerging
- Challenge during self-wind in face of challenge
- Self-questioning

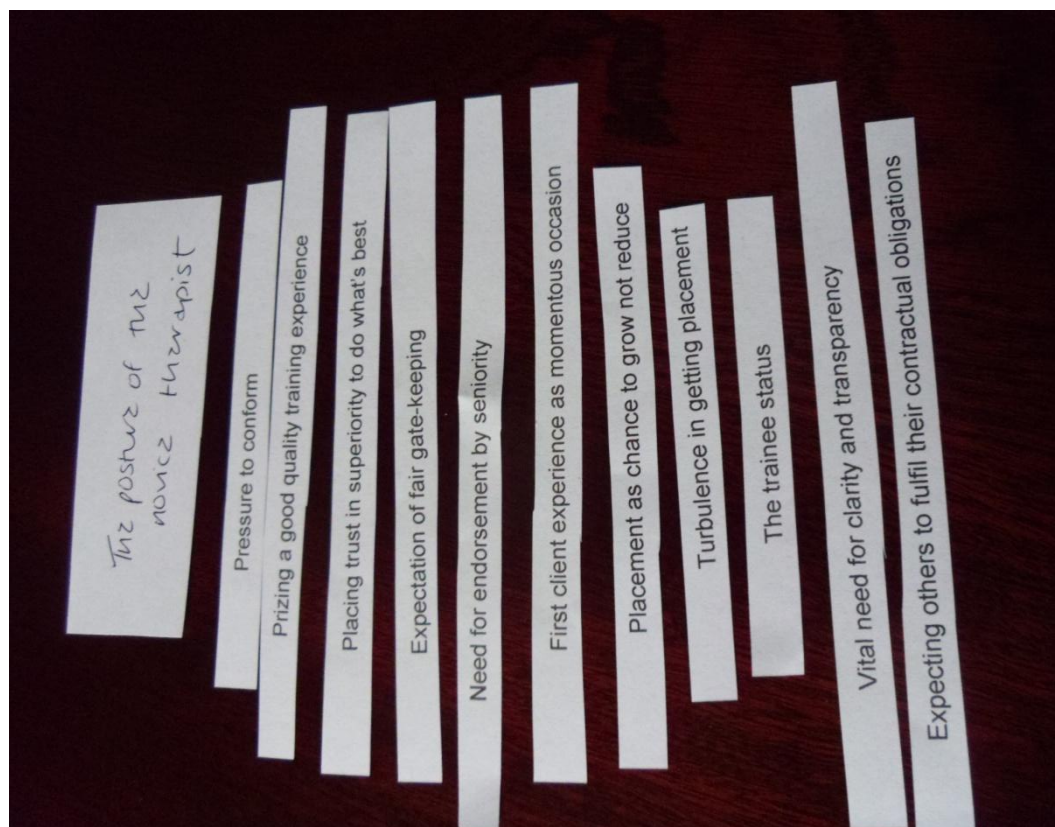
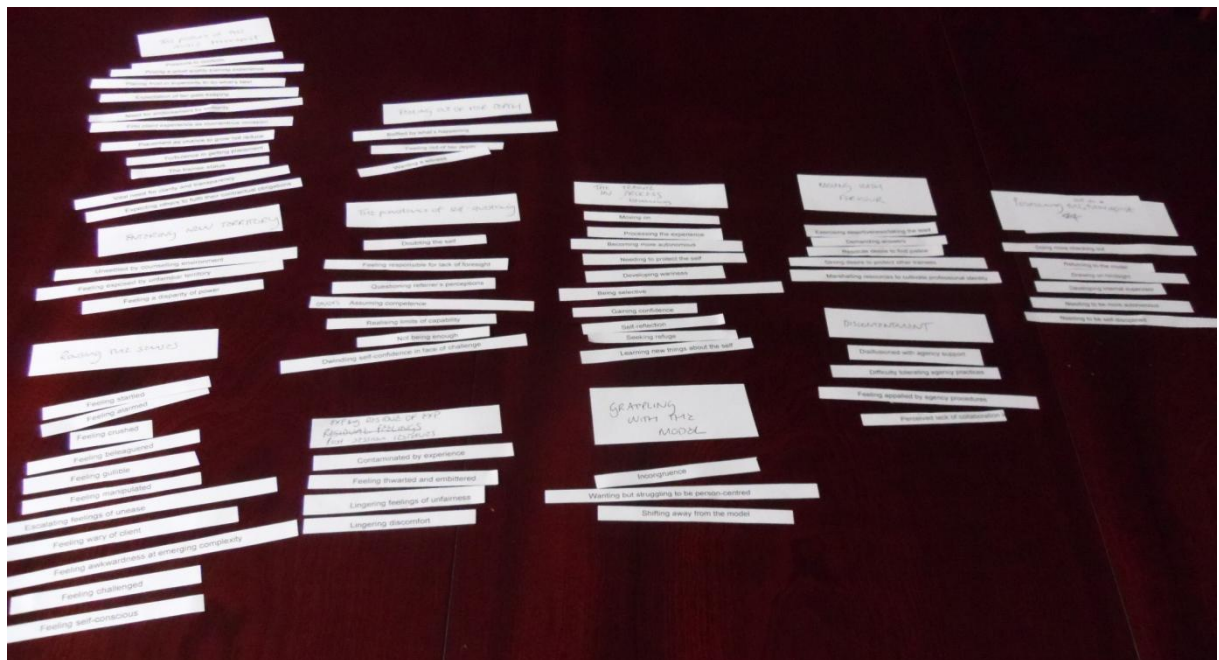
Appendix 14:**Emergent themes for Liz**

Feeling responsible for lack of foresight	Feeling exposed by unfamiliar territory
Need for endorsement by seniority	Unsettled by counselling environment
Feeling awkwardness at emerging complexity	Feeling a disparity of power
Dwindling self-confidence in face of challenge	Not being enough
Baffled by what's happening	Feeling out of her depth
Wanting but struggling to be person-centred	Feeling gullible
Feeling manipulated	Feeling beleaguered
Feeling challenged	Seeking refuge
Contaminated by experience	Feeling wary of client
Realising limits of capability	Drawing on hindsight
Feeling startled	Feeling thwarted and embittered
Disillusioned with agency support	Lingering feelings of unfairness
Resolute desire to find justice	Demanding answers
Expectation of fair gate-keeping	Vital need for clarity and transparency
Expecting others to fulfil their contractual obligations	
Prizing a good quality training experience	Other's assuming competence
Feeling appalled by agency procedures	Questioning referrer's perceptions
First client experience as momentous occasion	The trainee status
Strong desire to protect other trainees	Moving on
Placing trust in superiority to do what's best	Pressure to conform
Perceived lack of collaboration in client care	Developing wariness
Becoming more autonomous	Incongruence
Shifting away from the model	Feeling alarmed
Feeling self-conscious	Feeling crushed
Placement as chance to grow not reduce	Exercising assertiveness/taking the lead
Enormity of consequences of negative experience	Needing to be self-disciplined
Being selective	Learning new things about the self

Doing more checking out
Difficulty tolerating agency practices
Doubting the self
Developing internal supervisor
Processing the experience
Needing to protect the self
Turbulence in getting placement

Returning to the model
Gaining confidence
Escalating feelings of unease
Self-reflective
Needing to be seen
Needing to be more autonomous
Marshalling resources to cultivate professional identity

Appendix 15a: Example of clustering emergent themes to develop super-ordinate themes (Liz)



Appendix 15b: Developing super-ordinate themes through clustering emergent themes (Liz)

1 The Posture of the Novice Therapist

Pressure to conform	Prizing a good quality training experience
Placing trust in superiority to do what's best	
Expectation of fair gate-keeping	Vital need for clarity and transparency
Expecting others to fulfil their contractual obligations	
First client experience as momentous occasion	
Placement as chance to grow not reduce	Turbulence in getting placement
The trainee status	Needing to be seen

2 Entering new territory

Unsettled by counselling environment	Feeling exposed by unfamiliar territory
Feeling a disparity of power	

3 Rousing the senses

Feeling startled	Feeling alarmed
Feeling crushed	Feeling beleaguered
Feeling manipulated	Feeling wary of client
Feeling awkwardness at emerging complexity	
Feeling challenged	Feeling self-conscious
Escalating feelings of unease	

4 Grappling with the model

Incongruence	Wanting but struggling to be person-centred
Shifting away from the model	

5 Feeling "Out of My Depth"

Baffled by what's happening	Not being enough
Realising limits of capability	Doubting the self

6 The Prevalence of Self-questioning

Feeling responsible for lack of foresight	Other's assuming competence
Questioning referrer's perceptions	Dwindling self-confidence in face of challenge

7 Bearing the residue

Contaminated by experience

Feeling thwarted and embittered

Lingering feelings of unfairness

8 Discontentment

Disillusioned with agency support

Difficulty tolerating agency practices

Feeling appalled by agency procedures

Perceived lack of collaboration in client care

9 The Trainee in Process – Becoming

Moving on

Processing the experience

Becoming more autonomous

Needing to protect the self

Developing wariness

Being selective

Gaining confidence

Self-reflective

Seeking refuge

Learning new things about the self

10 Moving with Fervour

Exercising assertiveness/taking the lead

Resolute desire to find justice

Demanding answers

Strong desire to protect other trainees

Marshalling resources to cultivate professional identity

11 Positioning the Self as a Therapist

Doing more checking out

Returning to the model

Drawing on hindsight

Developing internal supervisor

Needing to be more autonomous

Needing to be self-disciplined

Themes	Page/Line	Key text
1.The posture of the novice therapist		
Pressure to conform	10/400	-there's that pressure to be seen to be, you know, you're keen and you want to make a good impression.
Prizing a good quality training experience	8/299	-I don't think at the beginning I really thought about the importance of the quality of the experiences that we, um, we get as trainees...
	14/558	-what became really important was the importance of the quality of the trainee counsellors' experiences on placement.
Placing trust in superiority to do what's best	8/293	-so there's a huge amount of trust that's put in the person that is doing the screening.
	10/388	-with trusting the manager totally that this person is on my side, and they're going to match me up with somebody..... Um, I trusted that....
Expectation of fair gate-keeping	6/244	-I do have an expectation that you read through all the referrals before you put them in your big pile for trainees.
Vital need for clarity and transparency	7/250	-you never made that explicitly clear that actually you don't go through all the referrals to make sure they're appropriate.
	18/730	...and that need to be open and transparent is really important, you know, this is what I'm about...
Expecting others to fulfil their contractual obligations	7/256	-there's a three-way agreement between the university, yourself as the placement provider and the student..... You have, you have some responsibility with that.
First client experience as momentous occasion	8/301	...with our first clients, or anyway what a profound effect that might have as a trainee. It's massive.
Placement as chance to grow not reduce	14/565	...that helps us on our road to feeling

		competent and confidence, and not being hugely challenged or overwhelmed by our experience, or diminished, or demoralised, or devalued right at the beginning of our experiences.
Turbulence in getting placement	23/929	-in there is the context of the graft to get a placement and that rollercoaster of going to placements, not getting them, getting them.
	24/934	-there's that bit of competitiveness
	24/939	-you're so keen and you're so relieved to have a placement so phew, you know
The trainee status	8/323	-what part of her thought that a trainee was capable?
	9/335	-do they know that the trainee counsellors are going to be picking up their clients?
Needing to be seen	22/853	-just thinking I wish I had a recording or I wish, you know, there was someone almost there saying what is going on here?
2. Entering new territory		
Unsettled by counselling environment	2/74	-doing a home visit
	3/94	-dealing with more disruptions, dealing with even like dogs going in and out
Feeling exposed by unfamiliar territory	3/88	-what I hadn't really thought about, and I didn't have a discussion with my manager about is how potentially the boundaries are different working with somebody at home and not in a clinical environment.
Feeling a disparity of power	3/99	-it shifted it because the, the power balance I guess was about me going into her home.
3. Rousing the senses		
Feeling startled	5/194	-it was just like being a bit like a rabbit in the headlamps I suppose.
Feeling alarmed	12/465	-as I became more aware of how I was feeling which were little bells were ringing thinking, ooo gosh she's coming out with

Feeling crushed	13/491	some stuff -put through the mincer
	13/506	-it felt like she steamrolled over me sometimes
Feeling beleaguered	4/131	-very challenged actually at times by this quite complex, complicated lady, who was very angry
	20/791	-I felt it was very, some of what she was saying to me was, um, almost like a personal attack... there was definitely I'm having a pop at you
Feeling manipulated	4/130	-I felt manipulated
Feeling judged	5/171	-somebody who is, it felt like really judging me
Feeling wary of client	5/178	-there's a lot of sort of negativity at different levels but at other times she was, you know, amazingly complimentary
Feeling awkwardness at emerging complexity	3/111	-the first few sessions were fine, um, but what started to come out was more complex
Feeling challenged	4/140	-she really challenged me
Feeling self-conscious	12/471	-I became, I guess, um, a bit wary of watching my brain
Escalating feelings of unease	20/803	-to start there was a bit of getting really, not sure, but it felt very uncomfortable with quite a lot about what she's saying and with the way it's making me feel
4. Grappling with the model		
Feeling incongruence	11/444	-I just want to go with that person. And that feels freer and more spontaneous, but actually, um, um, I can't do that. You know, so now I am looking more carefully at referrals. Um, and it feels a bit, it's not me.

Wanting but struggling to be person-centred	4/127	-I was trying to offer her the core conditions but she, um
	5/169	-trying to be, wanting to be accepting and accepting all that she was, but that's incredibly hard to do when
Shifting away from the model	12/472	-there was me probably stepping, feeling like I was stepping back rather than, um, really just being with and sensing and staying with this client
5. Feeling "out of my depth"		
Baffled by what's happening	4/125	-I'd come out of a session thinking what was going on in there?
Not being enough	3/122	-I began to feel uncomfortable with, um, whether I could, whether I was enough really and could be
	4/147	-she needs probably more support and help than some short-term intervention with a trainee counsellor
Realising limits of capability	4/146	-I think this is out of my depth
	5/186	-there's just so many levels and so many layers of, I felt that very complex person, but very closed and I thought this is going to take ages
Doubting the self	3/120	-I began to feel, um, uncomfortable with um, whether I could, whether I was enough really and could be
6. The prevalence of self-questioning		
Feeling responsible for lack of foresight	3/88	-what I hadn't really thought about, and I didn't have a discussion with my manager about
Other's assuming competence	7/283,287	-there's that sort of ethos of you know your stuff hit the floor and run. I guess she probably thought um you'll be OK
Questioning referrer's perceptions	8/319	-did the psychiatrist know, when he was writing the referral that a trainee was going to be counselling this patient?

Dwindling self-confidence in face of challenge	4/123	-there was a lot going on in the room. There was a lot of, I'd come out of a session thinking what was going on in there? So I felt, um, at times really out of my depth
7. Bearing the residue		
Contaminated by experience	4/143	-it felt unhealthy and a bit almost like toxic
Feeling thwarted and embittered	5/195	-there were times when I felt frustrated, and I felt quite angry towards her
Lingering feelings of unfairness	6/228	-the client didn't stay with me so much, but the experiences of what I felt was an inappropriate referral did
8. Discontentment		
Disillusioned with agency support	6/213	-and that's what I've learnt through this process is that her priorities are her service
Difficulty tolerating agency practices	24/970	-I don't know, there's something for me, it's not, I'm not comfortable with that.
Feeling appalled by agency procedures	7/272	-I was quite shocked actually, what feels like a lack of commitment to really screening the referrals
Perceived lack of collaboration in client care	9/356	-it doesn't feel like there's that sort of joined up team approach
9. The trainee in process – becoming		
Moving on	10/393	-I've moved on from that thinking
Processing the experience	21/829	-So, um but I, you know I processed it and dealt with it
Becoming more autonomous	11/426	-so I do it for myself
Needing to protect the self	11/427	-I suppose I'm thinking well I'm not actually sure if you're going to do that so I will
Developing wariness	10/375	-what's changed it that I have gone in and looked more at the risks
Being selective	10/382	But actually I guess I'm more, what's the word? Choosy about who I'm going to

Gaining confidence	18/701	take on as a trainee. -through experience I've got more confident with doing that
Self-reflective	21/818	-So there's a lot about self reflection and going away and thinking about stuff
Seeking refuge	21/836	I didn't just contain it and hold it, I took it. So I took it to supervision, I took it to Uni and it was shared
Learning new things about the self	16/642	So I quite like going in and fighting the corner for those trainees (laughs) I guess. So that's, that's a new experience for me
10. Moving with fervour		
Exercising assertiveness/taking the lead	6/232	-that's what sort of motivated me to go and do things about that
Resolute desire to find justice and demand answers	6/240	-asked her how, how do you screen these referrals for trainees?
Strong desire to protect other trainees	13/526	-It was also about protecting other people I guess in a way
	16/635	-I feel um, quite passionate about speaking up for those who maybe wouldn't say anything.
Marshalling resources to cultivate professional identity	19/750	-discussions at Uni, with tutors, group discussions about, er, contracting, what is that about, um, um, being very clear about what you're offering, so a bit of both, you know, so a bit of learning stuff at Uni, learning theory
11. Positioning the self as a therapist		
Doing more checking out	19/756	- contracting, what is that, you know, what does that actually mean, what is that, what is it you're offering, and the need to be explicit I suppose.
Returning to the model	17/679	being more um congruent with her and maybe saying oh I feel really, quite challenged when you asked me that
Drawing on hindsight	5/188	And maybe now being a bit more

Developing internal supervisor	21/816	<p>experienced I might have that stick ability to stay with her and maybe question and you know, challenge her and say what?</p> <p>-I took it to supervision, I kept a log, you know, I wrote notes, I've got, um, my own developing internal supervisor</p>
Needing to be more autonomous	23/921	<p>-And it might feel that you're taking all that responsibility</p>
Needing to be self-disciplined	15/588	<p>-there's a lot of responsibility from the, from our point of view about, you know, and discipline about what you choose to take to supervision</p>

Appendix 17: Clustering super-ordinate themes for the whole group to develop overarching themes



Appendix 18: Example of group data audit for super-ordinate theme 1

Super-ordinate Theme 1: The Impact of Early Experiences on the Inner World of the Trainee – The invasion of self-consciousness

<p>1a Stirring feelings of disquiet</p> <p>I'm out of my depth with this person and I think actually she needs probably more support and help than some short-term intervention with a trainee counsellor.</p> <p>Um, and the first few sessions were fine, um, but what started to come out was more complex and she, the client told me that she'd also done a counselling course.</p> <p>And then, as I became more aware of how I was feeling which were little bells were ringing thinking, ooo gosh she's coming out with some, you know, some stuff that I'm not really sure about and what is this thing, what is this stuff about?</p> <p>Um, and it was quite hurtful, some of it, er, quite, I think she was quite wanting to be quite destructive. So I felt it was very, some of what she was saying to me was, um, almost like a personal attack, not quite that but there was definitely I'm having a pop at you.</p> <p>There was very little willingness to sort of, you know, go into his feelings at all.</p> <p>My feelings now are that, you know, perhaps he shouldn't have come onto my, onto anybody's books really.</p> <p>but it became apparent as you were working with this client that possibly because of the medication they were on, I would never have really have been able to really engage at a deep level with this client because of the medication.</p> <p>it can kind of feel like you're sort of, you're being used as a free pastoral mentor, you know, it's not always necessarily going to be counselling work that's coming through,</p> <p>I guess there is serious potential in what she's kind of talking about this time and um, right, big risks I guess involved in you know the stuff that she was presenting with and the way she was.</p> <p>Um..., I suppose just sort of made... just kind of made me a bit, not panicky, yeah, panicky maybe the right word, just kind of like, almost like there was a like a sense of urgency in the room like, oh you need to do something like, just, you know, like almost like it's not enough to just sit here and talk at this point, you know, like we kind of need to do something which is not really very me.</p>		
	Liz	4.146
	Liz	3.101
	Liz	12.464
	Liz	20.787
	Gill	4.122
	Gill	4.132
	Mel	3.103
	Abi	3.86
	Abi	18.743
	Abi	16.648

<p>1b Enduring an inimical residue</p> <p>Um, and it didn't stay, the woman didn't stay with me, the client didn't stay with me so much, but the experiences of, um, what I felt was an inappropriate referral did. And that's what sort of motivated me to go and do things about that.</p> <p>You know, do they deliberately do this so that you either sink or you swim, you know, that, you know, if you survive this you can survive anything really.</p> <p>So, I mean I, I, I mean I guess I just learnt quite a lot you know from just having sort of not done anything wildly wrong (I: no), but not necessarily knowing how. I think it was just knowing, you know, how much I needed, how much I could do and how much I, you know, couldn't do (laughs).</p> <p>Um, but it, you know I do recall it really sort of affecting my sort of confidence at that point.</p> <p>I was quite taken aback with how difficult I found it. Um, yeah, I think I... and that's what was really left with me you know, a sense of, you know, why is it that this is, you know that I'm not able to, to really get a sense of, of what's going on for this client?</p> <p>there was a certain, there was a limit to the amount of, of work I could be doing. Um, so I found that quite, quite difficult.</p> <p>Cos it did, yeah it didn't, it didn't just stick with like training to be a counsellor or me being at work, it was like everything like I just feel like I kind of lost all confidence and... kind of couldn't make those like ethical decisions then cos it was like, it was all self-doubt then.</p> <p>I suppose felt like I owed her something almost, like I needed to kind of stick with it and like as if I could do something for her or make something happen for her which..., I guess I couldn't and I know that I, and even then I knew that I couldn't but it kind of felt really difficult to say look I don't know what to do.</p>	Liz	6.229
	Gill	15.571
	Gill	12.460
	Mel	9.323
	Mel	9.337
	Mel	5.173
	Abi	32.1300
	Abi	14.542

<p>1c Confronting the self</p> <p>there was a lot of, um, questioning, me questioning myself about, um, what's going on, what am I doing, am I working, am I working within my limits? I am.</p> <p>And I kept on thinking well is it me that's, you know, not doing what I need to do.</p> <p>I think that I felt that I wasn't doing a good enough job. I think I felt um, that there was something about me that wasn't connecting with her prop... adequately, that I wasn't particularly effective at getting across what I wanted to.</p> <p>so yeah the effect on me I guess is what I'm saying is that I just found it completely confusing; and made me really question myself and question my training, and question why I wasn't able to do it,</p> <p>not that I don't want to question anything cos obviously I do, but yeah just not to that extent where it's kind of, sort of crippling your work almost.</p> <p>Yeah, just kind of... yeah, I think it just went too far, like the questioning got too much and it was kind of really started seeping out into everything then and then that kind of eats away at your kind of confidence in yourself generally and...</p>		
	Liz	22.868
	Gill	9.335
	Mel	7.250
	Abi	7.290
	Abi	28.1140
	Abi	31.1248

<p>1d The humble posture of the trainee</p> <p>Um, and I don't think at the beginning I really thought about the importance of the quality of the experiences that we, um, we get as trainees with our first clients, or anyway what a profound effect that might have as a trainee. It's massive.</p> <p>Um, and two thoughts came up for me. One is, did the psychiatrist know, when he was writing the referral that a trainee was going to be counselling this patient? But also, you know, what, what, the line manager, what part of her thought that a trainee was capable?</p> <p>Um, so, um, at the beginning I felt the pressure was to take, with trusting the manager totally that this person is on my side, and they're going to match me up with somebody who's going to be, um, their presentation is going to match my level of experience (laughs) and knowledge.</p> <p>Um, so I guess it was kind of, probably from my perspective quite naively assumed that they would know what sort of clients to refer to me.</p> <p>being quite, quite quick to doubt myself rather than touting the person who I saw in authority if you like, because they were the ones with all the experience, and they've been the ones doing the job for however, however many years.</p> <p>And I think I, I was very..., yeah, I think I did feel intimidated. I think I felt very lowly (laughs), um, and I think I probably muddled on, because I felt as though I didn't really, I didn't really have the experience to say, well actually no this, this isn't, this isn't OK.</p> <p>Um, I was grateful to have a placement; I really wanted to work in that field. Um, so I think I, I think I kind of compromised quite an awful lot really looking back. Um, because placements were such a, huh, a scarcity.</p>	<p>Liz</p> <p>Liz</p> <p>Liz</p> <p>Mel</p> <p>Mel</p> <p>Mel</p> <p>Mel</p>	<p>8.298</p> <p>8.318</p> <p>10.387</p> <p>1.30</p> <p>6.233</p> <p>17.671</p> <p>20.767</p>
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